


# 2005.FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90069 014 \*\*\*150.00

<b>DOCUMENT # 218086</b>	
<b>1. Entity Name</b> TRAINOR METAL PRODUCTS CO	

<b>Principal Place of Business</b> 171 N W 16TH ST BOCA RATON, FL 33432	<b>Mailing Address</b> 171 N W 16TH ST BOCA RATON, FL 33432
---	---

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

	
02272005	Chg-P CR2E034 (10/03)
<b>4. FEI Number</b> 59-0860263	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>
BRADER, JEFFREY O. 171 N.W. 16TH STREET BOCA RATON, FL 33432

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2005 Fee will be \$550.00	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>4/13/05</b>
--	---	----------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> DS <input type="checkbox"/> Delete	<b>NAME</b> BRADER, SUZANNE	<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 171 N.W. 16TH ST.	<b>CITY-ST-ZIP</b> BOCA RATON, FL	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> POTD <input type="checkbox"/> Delete	<b>NAME</b> BRADER, JEFFREY O	<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 171 NW 16ST.	<b>CITY-ST-ZIP</b> BOCA RATON, FL	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> B.V.P. <input type="checkbox"/> Delete	<b>NAME</b> Joseph O. Brader	<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 171 N.W. 16ST	<b>CITY-ST-ZIP</b> BOCA RATON, FL 4	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Jeffrey O. Brader President **4/13/05** **561-395-5520**