


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 315220</b> 1. Entity Name S & S METAL AND PLASTICS, INC.	
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Principal Place of Business 3740 MORTON STREET JACKSONVILLE, FL 32217	Mailing Address 3740 MORTON STREET JACKSONVILLE, FL 32217
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**DO NOT WRITE IN THIS SPACE**



02112004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1152646	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

STRICKLAND, GARLAND  
3740 MORTON ST.  
JACKSONVILLE, FL 32217

**DO NOT WRITE  
IN THIS SPACE**

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 reestablishing) DATE: \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	03/17/04-80093-001 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STRICKLAND, GARLAND 3740 MORTON STREET JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STRICKLAND, ROBERT 3670 HOLLY GROVE AVE. JACKSONVILLE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: B. E. Strickland 3/16/04 904-731-4655  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #