

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 30, 2004 08:00 AM
Secretary of State**

DOCUMENT # 489797

1. Entity Name
CHURCHMAN METAL PRODUCTS, INC.



Principal Place of Business
29510 SR 19
TAVARES, FL 32778-6704

Mailing Address
29510 SR 19
TAVARES, FL 32778-6704



01262004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1640514

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

POTTER, DEL G
308 EAST 5TH AVENUE
MOUNT DORA, FL 32757

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000021400
01/30/04-80003-021 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CHURCHMAN, RALPH W
STREET ADDRESS 29726 SQUIRREL PT. RD.
CITY-ST-ZIP TAVARES, FL

TITLE VD
NAME CHURCHMAN, JAMES M.
STREET ADDRESS 29726 SQUIRREL PT RD
CITY-ST-ZIP TAVARES, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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)(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: Ralph W. Churchman **RALPH W. CHURCHMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-04 352 343-9196

Date

Daytime Phone #