ck #4539

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 500880

1. Entity Name
METRO SPECIALTY SERVICES CORPORATION

Principal Place of Business	Mailing Address
1972 HILLVIEW ST SARASOTA, FL 34239 US	POST OFFICE BOX 985 SARASOTA, FL 34230-0985 US

01262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1661665
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HUBER, MARK J
1972 HILLVIEW STREET
SARASOTA, FL 34230-0985

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 _____ DATE
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$6.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HUBER, MARK J
STREET ADDRESS	3421 BAYOU CT.
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	SD
NAME	HUBER, JOYCE W
STREET ADDRESS	2120 HARBORSIDE DRIVE
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	VTD
NAME	HUBER, JAMES C
STREET ADDRESS	2120 HARBORSIDE DRIVE
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	V
NAME	HUBER, PAUL C
STREET ADDRESS	226 LAKE SUMMERSET DR.
CITY-ST-ZIP	DAVIS, IL 61019
TITLE	
NAME	
STREET ADDRESS	
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: James C Huber VTD JAMES C HUBER, VTD 1-26-04 941/366-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #