

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 500880

FILED
Jan 05, 2005
Secretary of State

Entity Name: METRO SPECIALTY SERVICES CORPORATION

Current Principal Place of Business:

1972 HILLVIEW ST
SARASOTA, FL 34239 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 985
SARASOTA, FL 342300985 US

New Mailing Address:

FEI Number: 59-1661665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUBER, MARK J
1972 HILLVIEW STREET
SARASOTA, FL 342300985 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HUBER, MARK J
Address: 3421 BAYOU CT.
City-St-Zip: LONGBOAT KEY, FL 34228

Title: SD () Delete
Name: HUBER, JOYCE W
Address: 2120 HARBORSIDE DRIVE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: VTD () Delete
Name: HUBER, JAMES C
Address: 2120 HARBORSIDE DRIVE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: V () Delete
Name: HUBER, PAUL C
Address: 226 LAKE SUMMERSET DR.
City-St-Zip: DAVIS, IL 61019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES C. HUBER

VTD

01/05/2005

Electronic Signature of Signing Officer or Director

Date