

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 22, 2004 08:00 AM
Secretary of State**

DOCUMENT # 616324

1. Entity Name
GATOR METAL PRODUCTS, INC.



Principal Place of Business
**1139 ELDRIDGE
CLEARWATER, FL 33755 US**

Mailing Address
**1139 ELDRIDGE
CLEARWATER, FL 33755 US**



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1928022

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**JACOBS, JAMES
1139 ELDRIDGE ST
CLEARWATER, FL 33755**

**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

James Jacobs
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**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MAXHIMER, HAROLD
STREET ADDRESS	8319 37TH AVE N
CITY - ST - ZIP	ST PETERSBURG, FL
TITLE	S
NAME	JACOBS, LYNN
STREET ADDRESS	1139 ELDRIDGE ST
CITY - ST - ZIP	CLEARWATER, FL 33755
TITLE	VP
NAME	JACOBS, JAMES
STREET ADDRESS	1139 ELDRIDGE ST
CITY - ST - ZIP	TAMPA, FL 33755
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/22/04-80026-014 150.00

**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)(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:

James Jacobs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #