

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 618960

1. Entity Name
METZGER & WILLARD, INC.



Principal Place of Business
**8600 HIDDEN RIVER PKWY
SUITE 550
TAMPA, FL 33637 US**

Mailing Address
**8600 HIDDEN RIVER PKWY
SUITE 550
TAMPA, FL 33637 US**

DO NOT WRITE IN THIS SPACE



03212005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1907168

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**METZGER, NANCY O.
6436 RENWICK CIRCLE
TAMPA, FL 33647**

**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, 2005 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	METZGER, NANCY O
STREET ADDRESS	6436 RENWICK CIRCLE
CITY - ST - ZIP	TAMPA, FL 33647
TITLE	VPST
NAME	WILLARD, DANIEL S
STREET ADDRESS	29300 BAY HOLLOW DRIVE UNIT 3251
CITY - ST - ZIP	WESLEY CHAPEL, FL 33543
TITLE	V
NAME	DAVIS, THOMAS G
STREET ADDRESS	6702 DUNES LANE
CITY - ST - ZIP	TEMPLE TERRACE, FL 33617
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/02/05-80057-017 158.75

**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:

Nancy O. Metzger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/05

813-977-6005

Date

Daytime Phone #