2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State TALLAHASSEE SCRAP METALS, INC. Principal Place of Business STATE ROAD 12 B PO BOX 887 HAVANA FL 92353 2. Principal Place of Business Sunta, Apt. F. etc. City & State 2. Principal Place of Business Sunta, Apt. F. etc. Sulta, Apt. F. etc. City & State 2. Principal Place of Business Sunta, Apt. F. etc. City & State 2. Principal Place of Business Sunta, Apt. F. etc. Sulta, Apt. F. etc. City & State 2. Principal Place of Business Sunta, Apt. F. etc. City & State 2. Principal Place of Business Sunta, Apt. F. etc. City & State 2. Principal Place of Business Sunta, Apt. F. etc. City & State 2. Principal Place of Business 6. Cerdificate of Status Desired Fear Required 7. Name and Address of New Registered Agent WOOD, CLARENCE R SR. 2561 GLOVER RD. TALLAHASSEE FL 32304 City FLL Zio Code 8. The above named entity submits this statement for fire purpose of changing its registered digent, or both, in the State of Fiorida. Lantamiliar with, and the Colligations of registered Lagent. Screet Address (F.O. Box Number is Next Acceptable) TALLAHASSEE FL 32304 City FLL Zio Code 8. The above named entity submits this statement for fire purpose of changing its registered Agent or both, in the State of Fiorida. Lantamiliar with, and the Colligations of registered Agent acceptable in Principal Englands (From Principal Agent separate quarter New International Collins of Principal	·	ANNUAL N	EPUNI JAN	<u>l</u> ,		Jan 25, 2006 08:00 AM	
Principal Flace of Business Mailing Address Principal Flace of Business Principal Flace of	1				AT !	Secretary of State	
STATE ROAD 12 B PO BOX 887 PAVANA FL 32333 PAVANA FL 32333 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, e	TALLAHA	ASSEE SCRAP METALS, INC) •				
P.O. BOX 887 ANAVANA FL 32333 2. Principal Place of Business 3. Mahing Address 5. Mahing Address 5. Mahing Address 5. Mahing Address 6. Name and Address of Current Registered Agent 7. Name send Address of New Registered Agent WOOD, CLARENCE R SR. 2561 GLOVER RD. TALLAHASSEE FL 32304 City City FLE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of Flate ING. WOOD, CLARENCE R SR. 2561 GLOVER RD. FLE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 After May 1, 2006 Fee Will Be \$550.00 Address Or Wi	Principal Plac	e of Business .	Mailing Address		t s		
Surfer, Apt #, etc. Suite, Apt #, etc. Apt #, etc. Suite, Apt #,	P.O. BOX 887		PO BOX 887 HAVANA FL 32333		t = t = t = t = t = t = t = t = t = t =		
City & State Country Zip Country Zip Country S. Certificate of Status Desired S8.75 Addition For Required Agent S. Certificate of Status Desired S8.75 Addition For Required Agent S. Certificate of Status Desired S8.75 Addition For Required Agent Sept. Addit	2. Principal Place of Business		3. Mailing Address				
Zip Country Zip Country 59-2000259 Nor. A S. Certificate of Status Desired S.75 Addition 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Pee Required WOOD, CLARENCE R SR. 2561 GLOVER RD. TALLAHASSEE FL 32304 City Status Desired Agent Street Address (P.O. Box Number is Not Acceptable) E. The above named entity subtricts this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and Address of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$150,50 9. Election Campaign Financing \$5.00 10. Defricers And Directors III and I	Suite, Apt. #, etc.		Suite, Apt. #, etc.			tst MOORE GR2E034 (10/05)	
S. Name and Address of Current Registered Agent WOOD, CLARENCE R SR. 2561 GLOVER RD. TALLAHASSEE FL 32304 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purgose of changing its registered office or registered agent, or both, in the State of Floride. Lam familiar with, and the obligations of registered agent. SIGNATURE Signata, speak or protect owned drow and 6th f applicable After May 1, 2006 Fee Will fee \$550.00 After May 1, 2006 Fee Will fee \$550.00 Make Chock Payable to Florida Organization of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT MAKE WOOD, CLARENCE R, SR STREET ADDRESS 22561 GLOVER RD. Delete TITLE NAME WOOD, TALLAHASSEE FL 32304 TITLE NAME STREET ADDRESS CITY-57-2P TITLE Delete TITLE NAME STREET ADDRESS CITY-57-2P TITLE Delete NAME STREET ADDRESS CITY-57-2P TITLE NAME Delete TITLE Delete NAME STREET ADDRESS CITY-57-2P TITLE NAME STREET ADDRESS CITY-57-2P TITLE Delete NAME STREET ADDRESS CITY-57-2P TITLE NAME STREET ADDRESS CITY-57-2P TITLE NAME Delete NAME STREET ADDRESS CITY-57-2P TITLE NAME Delete TITLE Delete NAME STREET ADDRESS CITY-57-2P TITLE NAME Delete TITLE Delete TITLE Delete NAME STREET ADDRESS CITY-57-2P TITLE NAME Delete TITLE Delete TI	City & Star	se	City & State		1	59-2000259 Not Applicable	
WOOD, CLARENCE R SR. 2561 GLOVER RD. TALLAHASSEE FL 32304 City FL Zip Code 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 the obligations or registered agent, or both, in the State of Florida. I am familiar with, and the obligations or registered agent, or both, in the State of Florida. I am familiar with, and the obligations or registered agent, or both, in the State of Florida. I am familiar with, and the obligations or registered agent, or both, in the State of Florida. I am familiar with, and the obligations or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligation of registered agent, or both, in the State of Florida. I am familiar with, and the obligation of registered agent, or both, in the State of Florida. I am familiar with, and the obligation of registered agent, or both, in the State of Florida. I am familiar with, and the obligation of Florida Operation of State SIGNATURE DATE Date DATE Date DATE Date DATE Date DATE Date DATE Date DATE	Zip			Coun	trý	Fee Required	
WOOD, CLARENCE R SR. 2561 GLOVER RD. TALLAHASSEE FL 32304 City FL Zip Code	6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent	
2561 GLOVER RD. TALLAHASSEE FL 32304 City FL Zip Code	WOOD, CLARENCE R SR.						
Ety Code 8. The above named entity submits this statement for the purcose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SIGNATURE Signature, hyerd or printed name of registered Agent and direct appetually. FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Oppartment of State 10. OFFICERS AND DIRECTORS TILL POOL, CLARENCE R, SR STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-2P TITLE MAKE STREET ADDRESS CITY-ST-2P TITLE Delete TILL MAKE STREET ADDRESS CITY-ST-2P TITLE Delete TITLE MAKE STREET ADDRESS CITY-ST-2P TITLE Delete TITLE MAKE STREET ADDRESS CITY-ST-2P TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE MAKE STREET ADDRESS CITY-ST-2P TITLE Delete Delete TITLE Delete TITLE Delete Delete Delete TITLE Delete Delete Delete Delete TITLE Delete Delete D	256	1 GLOVER RD.			Street Addre	ess (P.O. Box number is not Acceptable)	
B. 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 the obligations of registered agent. SIGNATURE Signature, year or protect name of registered agent and one is applicable. FILE NOW!!! FEE IS \$150,00 After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Make Check Payable to Floridal Department of State FILE NOW!!! FEE IS \$150,00 After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Make Check Payable to Floridal Department of State WOOD, CLARENCE R, SR STREET ADDRESS DITY ST-2IP TALLAHASSEE FL 32304 Delete TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE Delete TITLE STREET ADDRESS CITY-ST-2IP TITLE STREET ADDRESS CITY-ST-2IP TITLE Delete TITLE STREET ADDRESS CITY-ST-2IP TITLE Delete TITLE	IAL	LAFIAGGEL FE 32004					
THE CONGRESS CITY-ST-ZP TITLE MAKE STREET ADDRESS CITY-ST-ZP TITLE MAKE MAKE MAKE MAKE MAKE MAKE MAKE MA				'	City	FL Zip Code	
Signature, hyerial or previous areas of templational approaches (NOTE Registered Agent signatured when religiated short registered approaches (NOTE Registered Agent signatured when religiated signatured when religiated approaches (NOTE Registered Agent signatured Agent signatured approaches (NOTE Registered Agent signatured Agent signatured Agent signatured approaches (NOTE Registered Agent signatured Agent signatured Agent signatured Agent signatured Agent signatured Age			r the purpose of changing its	registere	ed office or reg	gistered agent, or both, in the State of Florida. I am familiar with, and accep	
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT AMME INTER ADDRESS OFFICERS AND DIRECTORS IN THE AMME INTER ADDRESS OFFICERS OFFICERS OFFICERS AND DIRECTORS IN THE AMME INTER ADDRESS OFFICERS OFFICE	SIGNATURE				1	<u> </u>	
After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Floridal Department of State 10. OFFICERS AND DIRECTORS ITILE P NAME WOOD, CLARENCE R, SR STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Change Trust Change Change Trust Change Change Trust Added to Change Trust Trust Change Trust Change Trust Trust Trust Added to				E Registere	d Agent signature re	aquired when reinstating) DATE	
10. OFFICERS AND DIRECTORS ITILE INTILE NAME WOOD, CLARENCE R, SR STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change E Change	After	May 1, 2006 Fee Will Be \$550.00			 		
NAME STREET ADDRESS CITY-ST-ZIP TITLE		the state of the s	October 1 and 2 and 3 an	11.	<u>.</u>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME Change		·	☐ Delete				
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME Change	1	1			' 1	U0000399975	
NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME TITLE NAME TITLE Change Than The Change The Change Than The Change Than The Change The Change The Change The Change The Change Than The Change	1	1		- 4		13C/101/UD~6UU35~UUZ 15U.UU	
NAME STREET ADDRESS OTTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	NAME STREET ADDRESS		☐ Delete	nam Stre	E ET ADDRESS	☐ Change ☐ Additio	
NAME STREET ADDRESS OTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME Change E NAME			A Dolata			☐ Charge ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME CHANGE CHANGE TITLE NAME	NAME STREET ADDRESS	1 nm	M	NAM Stre	e ; Et àdoress		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Change Change Change Change Change TITLE NAME	NAME STREET ADDRESS	DAI. Or	Oelete Oelete	NAM STRE	ET ADDRESS	☐ Change ☐ Addition	
TITLE Delete TITLE Change E	TITLE NAME STREET ADDRESS	10	☐ Defete	TITU NAM STRE	E . ET ADDRESS	☐ Change ☐ Addition	
CITY-ST-ZIP	TITLE NAME STREET ADDRESS		☐ Delete	TITU NAM STRE	E EET ADDRESS	☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes, I turther 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 alligher like amounted.

SIGNATURE:

SIGNATURE:

SIGNATURE:

FILED