


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90033 014 ***158.75

DOCUMENT # 625151			
1. Entity Name TALLAHASSEE SCRAP METALS, INC.			
Principal Place of Business STATE ROAD 12 B P.O. BOX 887 HAVANA, FL 32333		Mailing Address PO BOX 887 HAVANA, FL 32333	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01172008		Chg-P CR2E034 (12/06)	
4. FEI Number 60-2000259		26-1653830	
Applied For		Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		-\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WOOD, CLARENCE R SR. 2561 GLOVER RD. TALLAHASSEE, FL 32304		Name <u>Incorp Services Inc</u> Street Address (P.O. Box Number is Not Acceptable) <u>1758 67th Court North</u> City <u>Loxahatchee</u> FL Zip Code <u>33470</u>	
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 <u>William H Burnopp Sr</u>		DATE <u>4/1/08</u>	
Signature, typed or printed name of registered agent and title, if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P WOOD, CLARENCE R, SR 2561 GLOVER RD. TALLAHASSEE, FL 32304 <input checked="" type="checkbox"/> Delete	TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	William H Burnopp Sr
STREET ADDRESS		STREET ADDRESS	119 Gambrells Road
CITY-ST-ZIP		CITY-ST-ZIP	Severn MD 21144
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>William H Burnopp Sr</u>		DATE <u>4/1/08</u> Daytime Phone # <u>850-539-5922</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

ATTACHMENT
400591563

~~#625751~~

Registered Agent Service Order Form

[Submit Order](#) | [Return To Home Page](#)

Thank you for your purchase!

The Agent address for Florida to use on your documents is:

InCorp Services, Inc.
17888 67th Court North
Loxahatchee, FL 33470

County: Miami

Copyright © 2000-2008 · InCorp Services, Inc. · All rights reserved.