2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED
May 03, 2004 08:00 AN
Secretary of State

DOCL	JMENT	°# 853568	}
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1. Entity Name METAL CULVERTS, INC.



Principal Place of Business

2107 REAR MISSOURI BLVD POST OFFICE BOX 330 JEFFERSON CITY, MO 65102-0330 US Mailing Address

2107 REAR MISSOURI BLVD POST OFFICE BOX 330 JEFFERSON CITY, MO 65102

US

04282004

No Chg-P

CR2E034 (10/03)

4. FEI Number 43-0916928 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

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8. The above the obligat	named entity submits this statement for the ρ ions of registered agent.	urpose of changing its registere	ed office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typod or printed name of registered agent and title	I applicable (NOTE Registered	Agent signature	required when reinstating)	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	cìng	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			·····
HTLE NAME STREET ADDRESS CITY-ST-ZIP	P BIELSKI, BEN W. 2107 REAR MISSOURI BLVD. BOX 3: JEFFERSON CITY, MO	30		–	#0#00#0148681 :85783704-80156-004 150.00
HTLE MAME STREET ADDRESS CITY-ST-ZIP	S BIELSKI, MOZELLE D. 2107 REAR MISSOURI BLVD BOX 33 JEFFERSON CITY, MO	0			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BIELSKI, MOZELLE D. 2107 REAR MISSOURI BLVD. BOX 33 JEFFERSON CITY, MO			DO	NOT WRITE
TITLE NAME STREET AODRESS CITY-ST-ZIP	D DELONG, JAMES 301 DIX ROAD JEFFERSON CITY, MO 65101			IN .	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP	D WISCH, GARY 301 DIX ROAD JEFFERSON CITY, MO 65101				·-·-·
HILE NAME STREET ADDRESS CITY-ST-ZIP				**** - ******* - ***	<u> </u>
12. I hereby o	certify that the information supplied with this file	ing does not qualify for the exer	nption state	t 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 signature shall have the same legal effect as it 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:

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/28/04 (573)636-7312