

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 854760**

1. Entity Name  
**ACE METAL PRODUCTS, INC.**



Principal Place of Business  
**1813 MCCULLOUGH BLVD  
P.O. BOX 1427  
TUPELO, MS 38801 US**

Mailing Address  
**MCCULLOUGH BLVD  
P.O. BOX 1427  
TUPELO, MS 38802**



01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**64-0524708**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LEWIS, TIM  
989 MAGNOLIA ST.  
ALTAMONTE SPRINGS, FL 32701**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**000000092238  
03/19/04-80001-002 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
STILL, LYNN ROBERTS  
305 MAGNOLIA  
NEW ALBANY, MS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
ROBERTS, JAMES W  
1813 MCCULLOUGH BLVD  
TUPELO, MS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**STD  
ROBERTS, BETTY C  
1813 MCCULLOUGH BLVD  
TUPELO, MS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**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)(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 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: Betty C. Roberts Betty C. Roberts 662-841-1635  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #