



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90439 036 ***150.00

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|--|---|---|---|--|--|
| DOCUMENT # F00000000221 | | | |  | |
| 1. Entity Name METROPLEX INDUSTRIES, INC. | | | | | |
| Principal Place of Business 2715 OAK STREET JACKSONVILLE, FL 32205 | | | Mailing Address 14423 CORNERSTONE VILLAGE DR HOUSTON, TX 77014 | | |
| 2. Principal Place of Business 14423 CORNERSTONE VILLAGE DR. | | 3. Mailing Address 14423 CORNERSTONE VILLAGE DR. | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Houston, TX | | City & State Houston, TX | | | |
| Zip 77014 | | Country USA | | 4. FEI Number 76-0308926 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | CR2E034 (10/03) | | Applied For <input type="checkbox"/> | |
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324 | | 7. Name and Address of New Registered Agent | | | |
| Name | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| City | | FL | | | |
| Zip Code | | FL | | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. | | | | | |
| DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP | PCST JACKSON JR, WILLARD L 13211 SHERMONS POND HOUSTON, TX 77041 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCST WILLARD JACKSON 3 WINSLOW WY WOODLANDS, TX 77382 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V QURESHI, ZIA 325 CHAMPIONS COLONY III HOUSTON, TX | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V WILSON, GERALD 15915 KATY FREEWAY, STE 500 HOUSTON, TX | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LUCEY, JOHN 600 CLUBHOUSE DRIVE PITTSBURGH, PA | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <i>Bob Johnson</i> | | CFO | | 4/21/05 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |