

2007 FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F00000000221

1. Entity Name
METROPLEX INDUSTRIES, INC.



Principal Place of Business
14423 CORNERSTONE VILLAGE DR
HOUSTON, TX 77014

Mailing Address
14423 CORNERSTONE VILLAGE DR
HOUSTON, TX 77014

FILED

07 OCT 17 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

08062007 No Chg P CR2E084 (11/05) 7
REINSTATEMENT

4. FEI Number
76-0308926

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324

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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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PCST
NAME	JACKSON JR, WILLARD L
STREET ADDRESS	3 WINSLOW WAY
CITY-ST-ZIP	WOODLANDS, TX 77382
TITLE	V
NAME	QURESHI, ZIA
STREET ADDRESS	325 CHAMPIONS COLONY III
CITY-ST-ZIP	HOUSTON, TX
TITLE	V
NAME	WILSON, GERALD
STREET ADDRESS	15915 KATY FREEWAY, STE 500
CITY-ST-ZIP	HOUSTON, TX
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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10/17/07--01070--020 **150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.5.07

Date

281-440-5503

Daytime Phone #