


2007 FOR PROFIT-CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90027 009 ***150.00

DOCUMENT # F01000005635	
1. Entity Name FERGUSON METALS, INC.	

Principal Place of Business 17115 BARCREST LANE PUNTA GORDA, FL 33955	Mailing Address 17115 BARCREST LANE PUNTA GORDA, FL 33955
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2. Principal Place of Business - No P.O. Box # 8387 SW 82nd CIR	3. Mailing Address 8387 SW 82nd CIR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State OCALA FL	City & State OCALA FL
Zip 34481	Country USA
Country USA	Zip 34481

400001100



01082007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent FERGUSON, VERNON E 17115 BARCREST LANE PUNTA GORDA, FL 33955		7. Name and Address of New Registered Agent Name FERGUSON, VERNON E Street Address (P.O. Box Number is Not Acceptable) 8387 SW 82nd CIR City OCALA FL Zip Code 34481	
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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: Vernon E. Ferguson VERNON E. FERGUSON PRESIDENT 4-9-07
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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCSD FERGUSON, VERNON E 17115 BARCREST LANE PUNTA GORDA, FL 33955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCSD FERGUSON, VERNON E. 8387 SW 82nd CIR OCALA, FL 34481 <input checked="" 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
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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 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: Vernon E. Ferguson VERNON E. FERGUSON PCSD 4-9-07 352-402-0377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #