


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90038 001 \*\*\*300.00

<b>DOCUMENT # F67755</b> 1. Entity Name <b>METROPOLITAN ADVERTISING COMPANY</b>					
Principal Place of Business 3014 WEST HORATIO STREET TAMPA, FL 33609		Mailing Address 3014 WEST HORATIO STREET TAMPA, FL 33609			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2148735</b>	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
Zip		Country		Zip	
Country		Country		01052006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ROCKER, CHARLES L., JR</b> <b>3014 HORATIO STREET</b> <b>TAMPA, FL 33609</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROCKER, CHARLES L., JR.	NAME			
STREET ADDRESS	3014 HORATIO STREET	STREET ADDRESS			
CITY - ST - ZIP	TAMPA, FL 33609	CITY - ST - ZIP			
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GODWIN, M.E.	NAME	<b>S/D</b> Melissa T. Selph		
STREET ADDRESS	3014 HORATIO STREET	STREET ADDRESS	4230 W. Bay Vista Ave.		
CITY - ST - ZIP	TAMPA, FL 33609	CITY - ST - ZIP	Tampa, FL 33611		
TITLE	S/D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAAF, JAMES D JR	NAME	<b>V/P/D</b>		
STREET ADDRESS	3014 HORATIO ST	STREET ADDRESS			
CITY - ST - ZIP	TAMPA, FL 33609	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME	<b>P</b> Robin T. Lumb		
STREET ADDRESS		STREET ADDRESS	2164-1 Gilmore St.		
CITY - ST - ZIP		CITY - ST - ZIP	JACKSONVILLE, FL 32204		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
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.					
<b>SIGNATURE:</b> <u>Charles L. Rocker, Jr.</u> <b>Charles L. Rocker, Jr.</b> <b>2-21-06</b> <b>(904) 797-6553</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					