


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # F67755 1. Entity Name METROPOLITAN ADVERTISING COMPANY	
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Principal Place of Business 3014 WEST HORATIO STREET TAMPA, FL 33609	Mailing Address 3014 WEST HORATIO STREET TAMPA, FL 33609
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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03192007 Chg-P CR2E034 (12/06)

City & State Zip	City & State Zip	4. FEI Number 59-2148735	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent ROCKER, CHARLES L., JR 3014 HORATIO STREET TAMPA, FL 33609	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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B. 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) 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	D ROCKER, CHARLES L., JR.	TITLE	
NAME	ROCKER, CHARLES L., JR.	NAME	
STREET ADDRESS	3014 HORATIO STREET	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33609	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD SELPH, MELISSA T	TITLE	
NAME	SELPH, MELISSA T	NAME	
STREET ADDRESS	4230 W. BAY VISTA AVE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33611	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VPD HAAF, JAMES D JR	TITLE	
NAME	HAAF, JAMES D JR	NAME	
STREET ADDRESS	3014 HORATIO ST	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33609	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	P LUMB, ROBIN T	TITLE	
NAME	LUMB, ROBIN T	NAME	
STREET ADDRESS	2164-1 GILMORE ST	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32204	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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05/18/07-30043-001 150.00

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 a true address, with all other like empowered.

SIGNATURE _____ **4-24-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #