

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90076 047 \*\*\*150.00

**DOCUMENT # H31864**

1. Entity Name

**METAL TRADERS, INC.**



Principal Place of Business

% ROGER W. RIZK  
1975 BEACH AVE  
ATLANTIC BCH FL 32233  
US

Mailing Address

% ROGER W. RIZK  
1975 BEACH AVE  
ATLANTIC BCH FL 32233



2. Principal Place of Business

**890 Begonia Street**  
Suite, Apt. #, etc.

3. Mailing Address

**890 Begonia Street**  
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

**Atlantic Beach FL**

Zip  
**32233**

Country  
**DUVAL**

City & State

**Atlantic Beach, FL**

Zip  
**32233-1730**

Country  
**DUVAL**

4. FEI Number

**59-2499055**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**RIZK, ROGER W.**  
**901 BLACKSTONE BUILDING**  
**JACKSONVILLE FL**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
ARTHUR, WILLIAM LEROY JR  
1975 BEACH AVE  
ATLANTIC BEACH FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ARTHUR, ANN W.  
1975 BEACH AVE  
ATLANTIC BEACH FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**890 Begonia Street**  
**Atlantic Beach, FL, 32233-1730**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**890 Begonia Street**  
**Atlantic Beach, FL, 32233-1730**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change... ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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NAME  
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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

*William L. Arthur Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-20-2006**

Date

Daytime Phone #

**904-249-7101**