

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90038 030 ***150.00

DOCUMENT # H31864

1. Entity Name

METAL TRADERS, INC.



Principal Place of Business

890 BEGONIA ST
ATLANTIC BCH FL 32233
US

Mailing Address

890 BEGONIA ST
ATLANTIC BCH FL 32233
US



2. Principal Place of Business - No P.O. Box # *Change to*
1975 Beach Ave.

3. Mailing Address
1975 Beach Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Atlantic Beach, FL

City & State

Atlantic Beach, FL

4. FEI Number

59-2499055

Applied For

Not Applicable

Zip

32233

Country

DUVAL

Zip

32233

Country

DUVAL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIZK, ROGER W.
901 BLACKSTONE BUILDING
JACKSONVILLE FL

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 date (if applicable).

NOTE: Registered Agent signature required when changing agent.

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME ARTHUR, WILLIAM LEROY JR
STREET ADDRESS ~~890 BEGONIA ST~~
CITY-ST-ZIP ATLANTIC BEACH FL 32233-1730

TITLE ☒ Change ☐ Addition
NAME *1975 Beach Ave.*
STREET ADDRESS *Atlantic Beach, FL*
CITY-ST-ZIP *32233*

TITLE D ☐ Delete
NAME ARTHUR, ANN W.
STREET ADDRESS ~~890 BEGONIA ST~~
CITY-ST-ZIP ATLANTIC BEACH FL 32233-1730

TITLE ☒ Change ☐ Addition
NAME *1975 Beach Ave.*
STREET ADDRESS *Atlantic Beach, FL*
CITY-ST-ZIP *32233*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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

1-25-2008

Date

Phone Number

904-249-7101