


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # K47672 1. Entity Name METROONE, INC.	
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Principal Place of Business 427 S. NEW YORK AVE. STE 201-C WINTER PARK, FL 32789	Mailing Address 427 S. NEW YORK AVE. STE 201-C WINTER PARK, FL 32789
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DO NOT WRITE IN THIS SPACE



03112004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2922509	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SALTSMAN, ROBERT P 222 S PENNSYLVANIA AVE STE 200 WINTER PARK, FL 32789
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DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD ROHR, JAY 1520 NEOLA TRAIL WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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<p>U000000089218 03/15/04-80083-011 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	3/10/04 407-629-6001 <small>Date Business Phone #</small>
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