

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K69202

Entity Name: METZ & COMPANY, INC.

FILED
Mar 30, 2005
Secretary of State

Current Principal Place of Business:

319 NE 6TH AVE
A
GAINESVILLE, FL 32601 US

Current Mailing Address:

319 NE 6TH AVE
A
GAINESVILLE, FL 32601 US

New Principal Place of Business:

2201 NW 27TH TERRACE
GAINESVILLE, FL 32605 US

New Mailing Address:

2201 NW 27TH TERRACE
GAINESVILLE, FL 32605 US

FEI Number: 59-2937989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

METZ, ANNE E.
319 A. NE 6 AVENUE
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

METZ, ANNE E.
2201 NW 27TH TERRACE
GAINESVILLE, FL 32605 US

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.

SIGNATURE:

03/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: METZ, ANNE E.,
Address: 319 NE 6TH AVE
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: METZ, ANNE E.,
Address: 2201 NW 27TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNE E. METZ

P

03/30/2005

Electronic Signature of Signing Officer or Director

Date