2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State
03-07-2006 90008 005 ****61.25

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1. Entity Name
METAL SERVICE CENTER INSTITUTE-FLORIDA, INC.

Principal Place of Business	Mailing Address
C/O SCOTT VAN MALSSEN O''NEAL STEEL 147 DENNARD ST JACKSONVILLE, FL 32254	C/O SCOTT VAN MALSSEN O''NEAL STEEL 147 DENNARD ST JACKSONVILLE, FL 32254

03022006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
JAMES A. BOEDEKER	JAMES A. BOEDEKER
Suite, Apt. #, etc. 907 S. 20TH ST	Suite, Apt. #, etc. 907 S. 20TH ST
City & State TAMPA, FL	City & State TAMPA, FL
Zip / Country 33605 / HILLSBOROUGH	Zip / Country 33605 / HILLSBOROUGH

4. FEI Number
16-1637687
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MOONEY, NICHOLAS F ESQ.
100 S ASHLEY STE #100
TAMPA, FL 33614

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VAN MALSSEN, SCOTT 147 DENNARD ST JACKSONVILLE, FL 32254	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV THOMPSON, WAYNE 1004 OAKRIDGE MANOR DR BRANDON, FL 33511	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES WALMSLEY, JOHN 5208 24TH AVE S. TAMPA, FL 33619	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HATLESTAD, LARRY 147 DENNARD ST JACKSONVILLE, FL 32254	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RICHARDSON, CORDREANNE 6901 E. 6TH AVE TAMPA, FL 33619-3300	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS ROGERS, SHIRLEY 5100 W. LEMON ST. TAMPA, FL 33594	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECR PO BOX 31328 TAMPA, FL 33631-3328	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCGIVNEY, PETE 200 NE 7TH ST HALLANDALE, FL 33008	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOEDEKER, ~~JIM~~ JAMES 907 S. 20TH ST. TAMPA, FL 33625	☐ Delete	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 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 617, 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: James A Boedeker JAMES A. BOEDEKER 3/3/06 813-247-4511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #