


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 29, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000005495</b> 1. Entity Name <b>METAL SERVICE CENTER INSTITUTE-FLORIDA, INC.</b>	
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Principal Place of Business <b>JAMES BOEDEKER 907 S 20TH ST TAMPA, FL 33605</b>	Mailing Address <b>JAMES BOEDEKER 907 S 20TH ST TAMPA, FL 33605</b>
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**DO NOT WRITE IN THIS SPACE**



02272008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>16-1637687</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000843760</b> <b>03/12/08-80008-013 61.25</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN MALSSSEN, SCOTT 147 DENNARD ST JACKSONVILLE, FL 32254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALMSLEY, JOHN 5208 24TH AVE S TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICHARDSON, CORDREANNE 6901 E 6TH AVE TAMPA, FL 336193300
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROGERS, SHIRLEY POB 31328 TAMPA, FL 336313328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOEDEKER, JIM 907 S. 20TH ST. TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 **2/27/08** **813-247-4511**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #