

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90008 004 ****61.25

DOCUMENT # N03000008882			
1. Entity Name METAL SERVICE CENTER INSTITUTE OF FLORIDA SCHOLARSHIP FOUNDATION, INC.			
Principal Place of Business C/O SCOTT V. MALSSSEN, O'NEAL STEEL INC. 147 DENNARD ST JACKSONVILLE, FL 32254		Mailing Address C/O SCOTT V. MALSSSEN, O'NEAL STEEL INC. 147 DENNARD ST JACKSONVILLE, FL 32254	
2. Principal Place of Business JAMES A. BOEDEKER Suite, Apt. #, etc. 907 S. 20TH ST City & State TAMPA, FL Zip 33605 Country FLORIDA		3. Mailing Address JAMES A. BOEDEKER Suite, Apt. #, etc. 907 S. 20TH ST City & State TAMPA, FL Zip 33605 Country FLORIDA	
4. FEI Number 20-0333704		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOONEY, NICHOLAS F ESQ. 100 S ASHLEY DR STE 830 TAMPA, FL 33602-5348		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$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 MALSSSEN, SCOTT V O'NEAL STEEL, 147 DENNARD ST JACKSONVILLE, FL 32254	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, WAYNE SMI STEEL, 1004 OAKRIDGE MANOR DR BRANDON, FL 33511	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGIVNEY, PETE INFRA-METALS NE 7TH ST HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOEDEKER, JAMES 907 S. 20TH ST TAMPA, FL 33605	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALMSLEY, JOHN 5208 24TH AVE. S. TAMPA, FL 33619	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOEDEKER, JAMES 907 S. 20TH ST TAMPA, FL 33605	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALMSLEY, JOHN 5208 24TH AVE. S. TAMPA, FL 33619	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>JAMES A BOEDEKER</u>		3/3/06 813-247-4511	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	