


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N03000008882</b>	
1. Entity Name <b>METAL SERVICE CENTER INSTITUTE OF FLORIDA SCHOLARSHIP FOUNDATION, INC.</b>	

Principal Place of Business <b>JAMES A BOEDEKER 907 S 20TH ST TAMPA, FL 33605</b>	Mailing Address <b>JAMES A BOEDEKER 907 S 20TH ST TAMPA, FL 33605</b>
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**DO NOT WRITE IN THIS SPACE**



01122007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>20-0333704</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>MOONEY, NICHOLAS F ESQ. 100 S ASHLEY DR STE 830 TAMPA, FL 33602-5348</b>
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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, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALSEN, SCOTT V O'NEAL STEEL, 147 DENNARD ST JACKSONVILLE, FL 32254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALMSLEY, JOHN 5208 24TH AVE S TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOEDEKER, JAMES 907 S 20TH ST TAMPA, FL 33605
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04/12/07-80006-003 61.25

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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: 	4/2/07	813-247-4511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #