


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90002 031 ****61.25

DOCUMENT # N05000008824

1. Entity Name
METRO CENTER CORPORATION



Principal Place of Business
**2801 NORTH DIVISION STREET
 OVIEDO, FL 32765**

Mailing Address
**2801 NORTH DIVISION STREET
 OVIEDO, FL 32765**



2. Principal Place of Business
1491 E. State Rd. 434

3. Mailing Address
1491 E. State Road 434

Suite, Apt. #, etc.
102

02222006 Chg-NP CR2E037 (11/05)

City & State
Winters Springs, FL

City & State
Winters Springs, FL

Zip
32708

Country
Seminole

4. FEI Number
20-3739820

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GILMORE, RICARDO L
 FIFTH THIRD PLAZA
 201 E. KENNEDY BLVD. SUITE 600
 TAMPA, FL 33602**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing **\$5.00** May Be Added to Fees

**Make check payable to
 Florida Department of State**

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C HIPES, KEVIN 105 ALDEAN DRIVE SANFORD, FL 32771 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VC GERBER, BERT 936 SAZA RUN CASSELBERRY, FL 32707 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CURENTON, ROSALYN 2801 NORTH DIVISION STREET OVIEDO, FL 32765 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LOCKYER, SR., AL 1036 EASR PEBBLE BEACH CIRCLE WINTER SPRINGS, FL 32708 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SHERWOOD, JOE 848 SWEETWATER ISLAND LONGWOOD, FL 32779 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Hipes, Kevin 105 Aldean Drive Sanford, FL 32771 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C Gerber, Bert 936 Saza Run Casselberry, FL 32707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VC Sherwood, Joe 848 Sweetwater Island Longwood, FL 32779 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Cox, Rick 1036 Pebble Beach E. Winters Springs, FL 32708 <input type="checkbox"/> Change <input checked="" 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: Bert Gerber **2/26/06**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #