## 2034 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS City - SI - ZIP

changed, or on an attach

SIGNATURE:

## Mar 22, 2004 08:00 AM **Secretary of State DOCUMENT # P00000058822** 1, Entity Name MUDGE METALCRAFT, INC. Principal Place of Business Mailing Address 11311 DEAL ROAD 11311 DEAL ROAD NORTH FORT MYERS, FL 33917 NORTH FORT MYERS, FL 33917 01212004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1016803 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MUDGE, JACOB L DO NOT WRITE 11311 DEAL ROAD NORTH FORT MYERS, FL 33917 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME MUDGE, JACOB L 11311 DEAL ROAD STREET ADDRESS U00000093325 03/22/04-80013-016 150.00 CITY-ST-ZIP NORTH FORT MYERS, FL 33917 TITLE MUDGE, TAMMY NAME 11311 DEAL RD STREET ADDRESS FORT MYERS, FL 33917 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS City-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAMÉ

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if

ER OR DIRECTOR

**FILED** 

239-543-117

Davishe Phone #