2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 18, 2005 08:00 AM Secretary of State **DOCUMENT # P00000058822** MUDGE METALCRAFT, INC. Mailing Address Principal Place of Business 11311 DEAL ROAD 11311 DEAL ROAD NORTH FORT MYERS, FL 33917 NORTH FORT MYERS, FL. 33917 CR2E034 (10/03) 03112005 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MUDGE, JACOB L NAME STREET ADDRESS 11311 DEAL ROAD <u>U000000/58548</u> 03/18/05-80045-u24 150.u0 NORTH FORT MYERS, FL 33917 CITY-ST-ZIP TITLE MUDGE, TAMMY MAME 11311 DEAL RD STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33917 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED