2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000058822

1. Entity Name

MUDGE METALCRAFT, INC.



FILED Feb 19, 2007 08:00 AM Secretary of State

Fee Required

Principal Place of Business

11311 DEAL ROAD NORTH FORT MYERS, FL 33917 Mailing Address

11311 DEAL ROAD

NORTH FORT MYERS, FL 33917



DO NOT WRITE IN THIS SPACE

o izzzooi		5/122057 (17.00)			
4.	FEI Number 65-1016803		Applied For Not Applicable		
-			\$8.75 Additional		
Э.	Certificate of Status Desired		1 - 1 - 1 - 1 - 1 - 1		

6. Name and Address of Current Registered Agent

MUDGE, JACOB L 11311 DEAL ROAD NORTH FORT MYERS, FL 33917

DO NOT WRITE IN THIS SPACE

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								
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees						
10.	OFFICERS AND DIREC	TORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUDGE, JACOB L 11311 DEAL ROAD NORTH FORT MYERS, FL 33917 VP MUDGE, TAMMY 11311 DEAL RD FORT MYERS, FL 33917				U00000640802 02/28/07-80081-011 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE THIS SPACE			

12. Thereby 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment of the component of the compo

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY+ST-ZIP

SUPNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/57

239-543-1117