


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000061897 1. Entity Name M.E.T.W., INC.	
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Principal Place of Business 3590 24 AVE SE NAPLES, FL 34117	Mailing Address 3590 24 AVE SE NAPLES, FL 34117
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04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3658320	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WILSON, MIREILLE 3590 24 AVE SE NAPLES, FL 34117

**DO NOT WRITE
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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
11a. NAME STREET ADDRESS CITY-STATE-ZIP	PSTD WILSON, MIREILLE L 3590 24TH AVE SE NAPLES, FL 34117
11b. NAME STREET ADDRESS CITY-STATE-ZIP	VD WILSON, EDWARD L 3590 24TH AVE SE NAPLES, FL 34117
11c. NAME STREET ADDRESS CITY-STATE-ZIP	
11d. NAME STREET ADDRESS CITY-STATE-ZIP	
11e. NAME STREET ADDRESS CITY-STATE-ZIP	
11f. NAME STREET ADDRESS CITY-STATE-ZIP	

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05/03/04-80191-011 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 fee empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____