

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90034 012 \*\*\*150.00

**DOCUMENT # P01000071647**

1. Entity Name  
**MCI METAL STRUCTURES, INC.**



Principal Place of Business

15839 US 301  
DADE CITY, FL 33523

Mailing Address

15839 US 301  
DADE CITY, FL 33523

2. Principal Place of Business

**15839 US Hwy-301**

Suite, Apt. #, etc.

3. Mailing Address

**15839 US Hwy-301**

Suite, Apt. #, etc.

City & State

**Dade City, FL 33523**

City & State

**Dade City, FL 33523**

Zip

**33523**

Country

**USA**

Zip

**33523**

Country

**USA**

02012004

Chg-P

CR2E034 (10/03)

4. FEI Number

**59-3739173**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**EDWARDS, MURRAY**  
**15839 US 301**  
**DADE CITY, FL 33523**

**- NO CHANGE**

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

(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 \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**P**  
**EDWARDS, MURRAY**  
**15839 US HWY 301**  
**DADE CITY, FL 33523**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VP**  
**MATTHEWS, ROSEMARY**  
**15839 US HWY 301**  
**DADE CITY, FL 33523**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**S**  
**WILSON, PAUL N**  
**15839 US HWY 301**  
**DADE CITY, FL 33523**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**T**  
**MATTHEWS, ROSEMARY**  
**15839 US HWY 301**  
**DADE CITY, FL 33523**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**Secretary**  
**MATTHEWS, ROSEMARY**  
**15839 US Hwy-301**  
**DADE CITY, FL 33523**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 like empowered.

SIGNATURE:

*Rosemary Matthews* Vice Pres. Sec'y, Treasurer

**2-2-04 (352) 521-6665**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #