2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000071647

1. Entity Name
MCI METAL STRUCTURES, INC.

Principal Place of Business	Mailing Address
15839 US HWY 301 DADE CITY, FL 33523	15839 US HWY 301 DADE CITY, FL 33523

DO NOT WRITE IN THIS SPACE

01142006 No Chg-P CR2E034 (11/05)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	EDWARDS, MURRAY J
STREET ADDRESS	15839 US HWY 301
CITY-ST-ZIP	DADE CITY, FL 33523
TITLE	VD
NAME	MATTHEWS, ROSEMARY
STREET ADDRESS	15839 US HWY 301
CITY-ST-ZIP	DADE CITY, FL 33523
TITLE	SD
NAME	CHAVEZ, WILLIAM O
STREET ADDRESS	15839 US MWY 301
CITY-ST-ZIP	DADE CITY, FL 33523
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby 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 with an address, with all other like empowered.

SIGNATURE: Murray J. Edwards-Rees 3/28/06 352 [illegible] 4665
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #