


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000103911</b> 1. Entity Name <b>METTE CONSTRUCTION, INC.</b>		
Principal Place of Business <b>465 CANAVERAL GROVES BLVD COCOA, FL 32926 US</b>		Mailing Address <b>P O BOX 55 SHARPES, FL 32959 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>MOORHEAD, TIMOTHY R ESQ. 145 N. MAGNOLIA AVENUE ORLANDO, FL 32801</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D METTE, ROXANNE P O BOX 55 SHARPES, FL 32959	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP METTE, PAUL D P O BOX 55 SHARPES, FL 32959	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAUM, SHARON L P O BOX 55 SHARPES, FL 32959	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAMMANN, RHONDA L P O BOX 55 SHARPES, FL 32959	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 807, 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.		
<b>SIGNATURE:</b> <u>Roxanne Mette</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>3/24/05</u> <u>321-635-9823</u> <small>Date Daytime Phone #</small>



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3755405**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

U66000277028  
03/26/05-80013-011 150.00