

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000103911

Entity Name: METTE CONSTRUCTION, INC.

FILED
Jan 23, 2009
Secretary of State

Current Principal Place of Business:

465 CANAVERAL GROVES BLVD
COCOA, FL 32926 US

New Principal Place of Business:

5455 N. U.S. HWY 1
SUITE 6
COCOA, FL 32927 US

Current Mailing Address:

P O BOX 55
SHARPES, FL 32959 US

New Mailing Address:

FEI Number: 59-3755405 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORHEAD, TIMOTHY R ESQ.
145 N. MAGNOLIA AVENUE
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: METTE, ROXANNE
Address: P O BOX 55
City-St-Zip: SHARPES, FL 32959

Title: VP () Delete
Name: METTE, PAUL D
Address: P O BOX 55
City-St-Zip: SHARPES, FL 32959

Title: S () Delete
Name: RAUM, SHARON L
Address: P O BOX 55
City-St-Zip: SHARPES, FL 32959

Title: T () Delete
Name: DAMMANN, RHONDA L
Address: P O BOX 55
City-St-Zip: SHARPES, FL 32959

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROXANNE METTE

PRES

01/23/2009

Electronic Signature of Signing Officer or Director

Date