

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90015 036 \*\*\*158.75

DOCUMENT # P01000106822	
1. Entity Name METALHEADS, INC.	



Principal Place of Business 3745 SARDINIA AVE NORTH PORT, FL 34287	Mailing Address P.O. BOX 7074 NORTH PORT, FL 34287
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50000949

2. Principal Place of Business 1409 NORA LN. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State N. PORT FL.		City & State	
Zip 34286	Country SARASOTA	Zip	Country



01032005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3754177		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CARR, MICHAEL 3084 TRPICAIRE BLVD NORTH PORT, FL 34286		7. Name and Address of New Registered Agent Name: Michael Carr Street Address (P.O. Box Number is Not Acceptable): 1409 NORA LN. City: North Port FL Zip Code: 34286	
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Same Agent  
Different Address →

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ALMOND, JASON K CENTER RD VENICE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARR, BRANDON 3084 TROPICAIRE BLVD NORTH PORT, FL 34286 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARR, MICHAEL 1409 NORA LN NORTH PORT, FL 34286 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Michael Carr Michael Carr 1-5-05 941-661-4604 cell  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

5-2-05