

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90193 043 \*\*\*150.00

<b>DOCUMENT # P02000002543</b>					
<b>1. Entity Name</b> SCRAP WIRE, ETC., INC.					
<b>Principal Place of Business</b> 6730 15TH STREET EAST UNIT K SARASOTA, FL 34243			<b>Mailing Address</b> 140 WARREN AVE ENGLEWOOD, FL 34223		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> 2114 BISHAM ROAD Suite, Apt. #, etc. SUITE 8			
Suite, Apt. #, etc		City & State SARASOTA, FL			
City & State		Zip 34231		Country	
Zip		Country		<b>4. FEI Number</b> 01-0561971	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> BESCHORNER, GARY 2477 STICKNEY POINT ROAD SUITE 205-B SARASOTA, FL 34231			<b>7. Name and Address of New Registered Agent</b> Name: GARY BESCHORNER Street Address (P.O. Box Number is Not Acceptable): 2114 BISHAM ROAD, SUITE 8 City: SARASOTA FL Zip Code: 34231		
<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.</b> SIGNATURE:  GARY BESCHORNER DATE: 4/16/07 <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PD <b>NAME</b> DAUGHTRY, JIMMY R <b>STREET ADDRESS</b> 140 WARREN AVE <b>CITY-ST-ZIP</b> ENGLEWOOD, FL 34223	<input type="checkbox"/> Delete		<b>TITLE</b> SEC, TRES, DIR <b>NAME</b> GARY BESCHORNER <b>STREET ADDRESS</b> 2114 BISHAM ROAD, SUITE 8 <b>CITY-ST-ZIP</b> SARASOTA, FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> V <b>NAME</b> POPE, DAVID L <b>STREET ADDRESS</b> 140 WARREN AVE <b>CITY-ST-ZIP</b> ENGLEWOOD, FL 34223	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SEC <b>NAME</b> NEWMAN, WANDA F <b>STREET ADDRESS</b> 140 WARREN AVE <b>CITY-ST-ZIP</b> ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TRES <b>NAME</b> NEWMAN, WANDA F <b>STREET ADDRESS</b> 140 WARREN AVE <b>CITY-ST-ZIP</b> ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> V <b>NAME</b> EPPLEY III, THOMAS B <b>STREET ADDRESS</b> 140 WARREN AVE <b>CITY-ST-ZIP</b> ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b>			4/16/07 941-737-3951		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		