


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000019488

1. Entity Name
METRO STEEL & PIPE SUPPLY, INC.



Principal Place of Business
**932 EAST MAIN ST.
 LEESBURG, FL 34748**

Mailing Address
**932 WEST MAIN ST.
 LEESBURG, FL 34748**



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number
01-0715554

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SHEPHERD, BRYAN W
 932 WEST MAIN ST.
 LEESBURG, FL 34748**

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 re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

000000125833
 04/23/04-80009-018 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEPHERD, BRYAN W 932 WEST MAIN ST. LEESBURG, FL 34748
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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)(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: *Bryan W Shepherd* **4-20-04** **(352) 787-2551**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #