

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000066271

1. Entity Name
METTRON CONTRACTING, INC.



Principal Place of Business
3701 N. MONROE STREET
TALLAHASSEE, FL 32304

Mailing Address
3701 N. MONROE STREET
TALLAHASSEE, FL 32304

2. Principal Place of Business
808 W. Brevard St.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 180430
Suite, Apt. #, etc.

City & State
Tallahassee, FL
Zip 32304 Country USA

City & State
Tallahassee, FL
Zip 32318 Country USA

02282004 Chg-P CR2E034 (10/03)

4. FEI Number
35-2187703

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HANNAH, SHAREN D.
1431 CALIFORNIA ST.
TALLAHASSEE, FL 32304

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Sharen Hannah, Sharen Hannah President
Signature, typed or printed name of registered agent and title if applicable.

4/30/04
DATE

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
ST	HANNAH, SHAREN D	1431 CALIFORNIA ST.	TALLAHASSEE, FL 32304	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Sharen Hannah, Sharen Hannah
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04
Date

850-681-9884
Daytime Phone #

FILED
04 APR 30 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

