


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90570 045 ***150.00

DOCUMENT # P03000039276

1. Entity Name
METRIC EDGE, INC.



Principal Place of Business
**2817 SUNSET DR.
 NEW SMYRNA BEACH, F; 32168**

Mailing Address
**2817 SUNSET DR.
 NEW SMYRNA BEACH, F; 32168**

24055406



2. Principal Place of Business
140 So. Beach St.

3. Mailing Address

Suite, Apt. #, etc.
Suite 404

Suite, Apt. #, etc.

City & State
Daytona Beach, FL

City & State

Zip
32114

Country
US

Zip

Country

04072004 Chg-P CR2E034 (10/03)

4. FEI Number
42-1585942

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**CROBAUGH, JACK P
 2817 SUNSET DR
 NEW SMIRNA BEACH, FL 32168**

7. Name and Address of New Registered Agent

Name
Monica Marschik

Street Address (P.O. Box Number is Not Acceptable)
2817 Sunset Dr.

City
New Smyrna Beach

State
FL

Zip Code
32168

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 _____
Signature, typed or printed name of registered agent and title if applicable (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P.	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARSCHIK, MONICA E		NAME	
STREET ADDRESS 2817 SUNSET DR.		STREET ADDRESS	
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168		CITY-ST-ZIP	
TITLE D.	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CROBAUGH, JACK P		NAME	
STREET ADDRESS 2817 SUNSET DR.		STREET ADDRESS	
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Monica Marschik **Monica Marschik** 04/22/04 **386-423-2792**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #