2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # P03000045717** 04-26-2004 91040 003 ***150.00 1. Entity Name C & A METAL, INC. Principal Place of Business Mailing Address 1520 CARLTON ST LONGWOOD FL 32750 1520 CARLTON ST LONGWOOD FL 32750 44037848 2. Principal Place of Business CR2E034 (11/03) MOORE 4. FEI Number Applied For 0h1 6 Not Applicable Epuntry. Nule Eminule \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EHLEL SULLIVAN SULLIVAN, ETHELTT Street Address (P.O. Box Number is Not Acceptable) 1520 CARLTON ST LONGWOOD FL 32750 Moss orings 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. .00 wan nd leaf opticable (NOTE: Registered Agent signature required when reinstating) EILE NOW!!! FEE IS \$150.00 HOW 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE ☐ Chanαe Addition KEPNER, CHET H NAME NAME 1520 CARLTON ST STREET ADDRESS STREET ADDRESS LONGWOOD FL 32750 CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE WHITEHEAD, ALAN A NAME NAME 521 PRINCE EDWARD AVE. STREET ADDRESS STREET ADDRESS CLERMONT FL 34711 CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS 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.

CHESTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

SIGNATURE

FILED