

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000064390

FILED  
Apr 22, 2008  
Secretary of State

Entity Name: METAL MANIA STATE WIDE INC.

## Current Principal Place of Business:

115 OLD DAYTONA ROAD  
DELAND, FL 32724

## New Principal Place of Business:

5615 KELLER AVE  
DELEON SPRINGS, FL 32130 US

## Current Mailing Address:

115 OLD DAYTONA ROAD  
DELAND, FL 32724

## New Mailing Address:

5615 KELLER AVE  
DELEON SPRINGS, FL 32130 US

FEI Number: 20-0048264

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAYNES, PATRICIA  
115 OLD DAYTONA ROAD  
DELAND, FL 32724 US

## Name and Address of New Registered Agent:

HAYNES, PATRICIA  
5615 KELLER AVE  
DELEON SPRINGS, FL 32130 US

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.

SIGNATURE: \_\_\_\_\_

04/22/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PS ( ) Delete  
Name: HAYNES, PATRICIA  
Address: 115 OLD DAYTONA ROAD  
City-St-Zip: DELAND, FL 32724

Title: VP ( ) Delete  
Name: WILKES, ANGELA  
Address: 115 OLD DAYTONA ROAD  
City-St-Zip: DELAND, FL 32724

Title: T ( ) Delete  
Name: BRADLEY, KIMBERLY  
Address: 115 OLD DAYTONA ROAD  
City-St-Zip: DELAND, FL 32724

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition  
Name: HAYNES, PATRICIA  
Address: 5615 KELLER AVE  
City-St-Zip: DELEON SPRINGS, FL 32130 US

Title: VP (X) Change ( ) Addition  
Name: WILKES, ANGELA  
Address: 5615 KELLER AVE  
City-St-Zip: DELEON SPRINGS, FL 32130 US

Title: T (X) Change ( ) Addition  
Name: BRADLEY, BOBBY  
Address: 5615 KELLER AVE  
City-St-Zip: DELEON SPRINGS, FL 32130 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA HAYNES

PRES

04/22/2008

Electronic Signature of Signing Officer or Director

Date