2004 FOR PROFIT CORPORATION ANNUAL REPORT

2/19/2004-90016-009-$150.00-$150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000093147

1. Entity Name
MCI METAL STRUCTURES & ENTERPRISES, INC.

Principal Place of Business	Mailing Address
15839 US HWY. 301 DADE CITY, FL 33523	15839 US HWY. 301 DADE CITY, FL 33523

02012004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
15839 US Hwy-301	15839 US Hwy-301
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Dade City FL	City & State: Dade City, FL
Zip: 33523 Country: USA	Zip: 33523 Country: USA

4. FEI Number: 61-1455388 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EDWARDS, MURRAY J 15839 US HWY. 301 DADE CITY, FL 33523 -NO CHANGE	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 ______ 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 NAME STREET ADDRESS CITY-ST-ZIP	PT EDWARDS, MURRAY J 15839 US HWY. 301 DADE CITY, FL 33523	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MATTHEWS, ROSEMARY 15839 US HWY. 301 DADE CITY, FL 33523	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: (X) Rosemary Matthews Vice President-Secretary 2-2-04 (352) 521-6665

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