

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90144 026 ***158.75

DOCUMENT # P03000104134

1. Entity Name
METAMORPHOUS SERVICES, INC.



Principal Place of Business
**7615 HAMPTON BLVD
NORTH LAUDERDALE, FL 33068 US**

Mailing Address
**7615 HAMPTON BLVD
#114
NORTH LAUDERDALE, FL 33068 US**

400037



2. Principal Place of Business
**4261 W. McNab Rd
Suite, Apt. #, etc.
Unit 17**

3. Mailing Address
**4261 W. McNab Rd
Suite, Apt. #, etc.
Unit 17**

04022006 Chg-P CR2E034 (11/05)

City & State
Pompano Beach
Zip
33069 Country
Broward

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Pompano Beach
Zip
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Broward

4. FEI Number
20-0283480 Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

**LACKEY, MONICA G
7615 HAMPTON BLVD
#7615
NORTH LAUDERDALE, FL 33068**

7. Name and Address of New Registered Agent

Name
Lackey Monica G
Street Address (P.O. Box Number is Not Acceptable)
**4261 W. McNab Rd
Unit 17**
City
Pompano Beach FL Zip Code
33069

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 **Monica G Lackey**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/2/06
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	P LACKEY, MONICA G 7615 HAMPTON BLVD #7615 NORTH LAUDERDALE, FL 33068	<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
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	P Lackey, Monica G 4261 W. McNab Rd Unit 17 Pompano Beach FL 33069	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 G Lackey**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/06 **954-592-5995**
Date Daytime Phone #