2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Apr 19, 2005 08:00 AM Secretary of State DOCUMENT # P03000133216 1. Entity Name RICKY'S METAL, INC. Principal Place of Business Mailing Address 1590 CAMPUS PLACE ORANGE PARK FL 32065 1590 CAMPUS PLACE ORANGE PARK FL 32065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 51-0488446 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7, Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JEFFERS, RICHARD H Street Address (P.O. Box Number is Not Acceptable) 1590 CAMPUS PLACE ORANGE PARK FL 32065 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TETLE ☐ Delete HILL ☐ Change JEFFERS, RICHARD H NAME NAME STREET ADDRESS STREET ADDRESS 1590 CAMPUS PLACE ORANGE PARK FL 32065 CITY-ST-ZIP CiTY-ST-7IP Change ☐ Addition TITLE ☐ Defete TITLE U00000315966 04/13/05-80055-016 150.00 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME. STREET ADDRESS STREET ADDRESS City-ST-7IP CITY ST-ZIP HILE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY_ST-ZIP ☐ Addition [] Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP Addition ☐ Change TITLE Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

FILED

Davtime Phone #