2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2008 08:00 All Secretary of State

ANNUAL REPORT					T C 4 C C 4		
DOCUMENT # P03000139507					Secretary of	1 S U	
1. Entity Name							
METALT	ECH OF CENTRAL FLA INC	J.					
			T. S.				
Principal Plac	e of Business	Mailing Address					
1250 GRAN I	PASEO DR	1250 GRAN PASEO DR					
ORLANDO, FI	L 32825	ORLANDO, FL 32825					
					ı daşadınının dunu darkı dener kiddə iniyə (dir) anın denil irəkidə i		
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				43-203	· · · · · · · · · · · · · · · · · · ·	plicable	
				5. Certificate	of Status Desired \$8.75 Additional Fee Required	al	
	6. Name and Address of Current I	Registered Agent		1. 2006) Mayya (1	1 00 (volume)	21 Y 3	
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BERSEN,				no	NOT WRITE		
	N PASEO DR					ătă}	
ORLANDO	D, FL 32825				THIS SPACE		
				Test, Const.			
	named entity submits this statement for tions of registered agent.	the purpose of changing its registe	ered office or register	red agent, or bo	th, in the State of Florida. I am familiar with, and a	accept	
IIIC 00/19.2.	iona or regioneree agern.						
SIGNATURE_	Skinature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Registe	ered Agent signatura required	d when reinstating)	DATE	-	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution				.00 May Be			
After Ma	ay 1, 2008 Fee will be \$550.0	10 Hust rund Commodium		190 to rees			
10.	OFFICERS AND (DIRECTORS				:	
THE	DP				UU0000909979 05/06/08-80091-016 150.	.na l	
NAME STREET ADORESS	BERSEN, MARC L 1250 GRAN PASEO DR				,		
CITY-ST-Z.P	ORLANDO, FL 32825						
TITLE			-	•			
NAME							
STREET ADDRESS	İ		1, 1	*			
CAY-S1-ZP			``,				
TITLE			7				
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CITY-S1-ZIP							
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NAME				1 N N N N N N N N N N N N N N N N N N N			
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CITY+ST-ZIP						: :	
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12. Thereby 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 supplied entail report to the 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 regarder trustee of noweled 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 attactor by with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

AND TYPE OF PROJECT NAME OF SIGNING OFFICER OR DIRECTOR

(407)402-0176