## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000010032

Entity Name: METROVEST PROPERTIES, INC.

FILED Feb 27, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1502 ROBERTS DRIVE JACKSONVILLE BEACH, FL 32250 **Current Mailing Address: New Mailing Address:** 1502 ROBERTS DRIVE JACKSONVILLE BEACH, FL 32250 FEI Number: 11-3711498 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GLAZIER & GLAZIER, P.A 8825 PERIMETER PARK BLVD SUITE 504 JACKSONVILLE, FL 32216 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

Election Campaign Financing Trust Fund Contribution ( ).

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

in the State of Florida.

SIGNATURE:

Address:

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

1502 ROBERTS DRIVE

JACKSONVILLE BEACH, FL 32250

Date

Title: ( ) Delete Title: (X) Change ( ) Addition BUTLER, CORD BUTLER, CORD Name: Name: 1502 ROBERTS DRIVE 1502 ROBERTS DRIVE Address: Address: City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: JACKSONVILLE BEACH, FL 32250 COBD Title: Title: () Delete (X) Change ( ) Addition BISHOP, BROOKE Name: BISHOP, BROOKE Name: 1502 ROBERTS DRIVE 1502 ROBERTS DRIVE Address: Address: JACKSONVILLE BEACH, FL 32250 JACKSONVILLE BEACH, FL 32250 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete PRFS ( ) Change (X) Addition RILEY, DEBRA A Name: Name: 1502 ROBERTS DRIVE Address Address: City-St-Zip: City-St-Zip: JACKSONVILLE BEACH, FL 32250 Title: () Delete Title: VΡ ( ) Change (X) Addition ANDRIOLA, JESSICA L Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: BROOKE BISHOP D 02/27/2007