


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 28, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # P04000028387</b> 1. Entity Name <b>THE METAL STORE, INC.</b>		
Principal Place of Business <b>7808 BULLARA DRIVE TAMPA, FL 33637</b>	Mailing Address <b>7808 BULLARA DRIVE TAMPA, FL 33637</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>WILLOUGHBY, DEWAYNE 7808 BULLARA DRIVE TAMPA, FL 33637</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLOUGHBY, DEWAYNE 7808 BULLARA DRIVE TAMPA, FL 33637	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILLOUGHBY, CAROL 7808 BULLARA DRIVE TAMPA, FL 33637	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Dewayne S. Willoughby</u> <u>2/20/2007</u> <u>8139802648</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



02202007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-0722417</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

U000000650328  
03/08/07-80033-008 150.00

**DO NOT WRITE  
IN THIS SPACE**