


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90055 025 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                   |                                                                                                                                                                                                |                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # P93000010480</b><br>1. Entity Name<br><b>PINELLAS COMMERCIAL SCRAP METAL BUYERS, INC.</b>                                                                                                                                                                                                                                                                                                                                            |                                                                                                                   |                                                                                                               |                                                                                                                                       |
| Principal Place of Business<br><b>233 HEDDON CT</b><br><b>P.O. BOX 753</b><br><b>OZONA, FL 34660 US</b>                                                                                                                                                                                                                                                                                                                                            |                                                                                                                   | Mailing Address<br><b>P.O. BOX 753</b><br><b>OZONA, FL 34660</b>                                                                                                                               |                                                                                                                                       |
| 2. Principal Place of Business<br><b>4200 114th TER N</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   | 3. Mailing Address<br><b>4200 114th TER N</b><br>Suite, Apt. #, etc.                                                                                                                           |                                                                                                                                       |
| City & State<br><b>Clearwater FL</b>                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                   | City & State<br><b>Clearwater FL</b>                                                                                                                                                           |                                                                                                                                       |
| Zip Country<br><b>33762 Pinellas</b>                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                   | Zip Country<br><b>33762 Pinellas</b>                                                                                                                                                           |                                                                                                                                       |
| 6. Name and Address of Current Registered Agent<br><b>MEATON, DENNIS</b><br><b>P.O. BOX 753</b><br><b>233 HEDDON CT.</b><br><b>LARGO, FL 34642</b>                                                                                                                                                                                                                                                                                                 |                                                                                                                   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>4200 114th TER N</b><br>City <b>Clearwater</b> <b>FL</b> Zip Code <b>33762</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.<br>SIGNATURE: <u>X <i>Dennis Meaton</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small> |                                                                                                                   |                                                                                                                                                                                                |                                                                                                                                       |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                            |                                                                                                                                       |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                                                   |                                                                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                     | D <input type="checkbox"/> Delete<br><b>MEATON, DENNIS</b><br><b>233 HEDDON CT</b><br><b>OZONA, FL 34642</b>      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>4200 114th TER N</b><br><b>Clearwater FL 33762</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                     | D <input type="checkbox"/> Delete<br><b>GAYLORD, RICK W</b><br><b>233 HEDDON CT.</b><br><b>OZONA, FL 34642</b>    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>4200 114th TER N</b><br><b>Clearwater FL 33762</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                     | D <input type="checkbox"/> Delete<br><b>MEATON, CARLANNE M</b><br><b>233 HEDDON CT.</b><br><b>OZONA, FL 34642</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>4200 114th TER N</b><br><b>Clearwater FL 33762</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                     |



01122004 Chg-P CR2E034 (10/03)

4. FEI Number **59-3174923** Applied For ☐ Not Applicable ☒

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

12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X *Dennis Meaton* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_