

# FOR PROFIT CORPORATION ANNUAL REPORT

6/18

**FILED**  
**Aug 11, 2008 8:00 am**  
**Secretary of State**

06-18-2008 90001 047 \*\*\*158.75

08-11-2008 90122 012 \*\*\*391.25

DOCUMENT # P93000074797

1. Entity Name  
METRO INVESTMENTS, INC.



Principal Place of Business  
2640 GOLDEN GATE PARKWAY  
SUITE 102  
NAPLES, FL 34105 US

Mailing Address  
2640 GOLDEN GATE PARKWAY  
SUITE 102  
NAPLES, FL 34105 US



01302008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0472729

Applied For  
Not Applicable

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

8. Name and Address of Current Registered Agent

MURRAY, THOMAS D  
C/O METRO INVESTMENTS, INC.  
2640 GOLDEN GATE PARKWAY, STE. 102  
NAPLES, FL 34105

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURRAY, THOMAS D 2640 GOLDEN GATE PKWY. #102 NAPLES, FL 34105
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**DO NOT WRITE  
IN THIS SPACE**

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 organizations.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

6/9/08 239-434-6767