

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 29, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000000498

1. Entity Name
METZGER FAMILY INDUSTRIES, INC.



Principal Place of Business
**2811 N.E. 53RD COURT
LIGHTHOUSE POINT, FL 33064**

Mailing Address
**2811 N.E. 53RD COURT
LIGHTHOUSE POINT, FL 33064**



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0462115

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**METZGER, JOHN T
8396 IRONHORSE CT
WEST PALM BEACH, FL 33412**

**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	PD
NAME	METZGER, MICHAEL
STREET ADDRESS	427 S.E. 12TH AVENUE
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	VD
NAME	METZGER, THOMAS S
STREET ADDRESS	601 N. W. 12TH AVENUE
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	TD
NAME	METZGER, STEVE
STREET ADDRESS	301 N.E. 11TH AVENUE
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	SD
NAME	METZGER, JOHN T
STREET ADDRESS	8396 IRONHORSE CT
CITY-ST-ZIP	WEST PALM BEACH, FL 33412
TITLE	V
NAME	METZGER, THOMAS J
STREET ADDRESS	2811 N.E. 53RD COURT
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/11/08-80070-021 150.00

**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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/24/08 954-803-1001