## FILED 2006 FOR PROFIT CORPORATION **ANNUAL REPORT** Mar 01, 2006 08:00 AN **DOCUMENT # P94000023988 Secretary of State** 1. Entity Name METALCRAFT SERVICES OF TAMPA INC. Mailing Address Principal Place of Business 10706 N. 46TH ST. 10706 N. 46TH ST. TAMPA, FL 33617 US TAMPA, FL 33617 No Chg-P CR2E034 (11/05) 01242006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3241578 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PLEUS, GENE DO NOT WRITE 8503 TWIN LAKES BLVD. TAMPA, FL 33614 IN THIS SPACE anging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the purpose of c the obligations of registered agent. 1-23-06 DATE SIGNATURE (NOTE: Registered Agent signature required when reinstating) Senature, typed of printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150,00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. D TITLE PLEUS, GENE NAME STREET ADDRESS 8503 TWIN LAKE BLVD. CITY-ST-ZIP TAMPA, FL 33614 100000452060 03/11/06-80010-019 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE

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 adcurate 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 receipter 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Octo 1 - 25-03