


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90051 008 \*\*\*150.00

<b>DOCUMENT # P94000081041</b> 1. Entity Name <b>METRO BUSINESS ASSOCIATES, INC.</b>					
Principal Place of Business <b>628 EAST PINE STREET SUITE A ORLANDO FL 32801</b>			Mailing Address <b>628 EAST PINE STREET SUITE A ORLANDO FL 32801</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>2757 N. OCEANSHORE BLVD.</b>  Suite, Apt. #, etc.			
City & State  Zip                      Country		City & State <b>FLASHER BEACH, FL</b>  Zip                      Country <b>32136                      USA</b>		4. FEI Number                      Applied For <b>59-3271176</b> Not Applicable	
5. Certificate of Status Desired                      \$8.75 Additional Fee Required		1st MOORE                      CR2E034 (10/04)			
6. Name and Address of Current Registered Agent  <b>LAZEAR, LYLE 628 E PINE ST SUITE A ORLANDO FL 32801</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City                      FL                      Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)                      DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing                      \$5.00 May Be Added to Fees Trust Fund Contribution. <input type="checkbox"/>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAZEAR, LYLE 628 E. PINE STREET ORLANDO FL 32801	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE: LYLE R. LAZEAR</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date                      3-30-05                      407-422-4044 Daytime Phone #					