


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 11, 2005 08:00 AM**  
 ENTERED Secretary of State

DOCUMENT # P94000084241  
 1. Entity Name  
 METAL BUILDING SERVICES, INC.



Principal Place of Business  
 4800 WOODLANE CIRCLE  
 TALLAHASSEE, FL 32303

Mailing Address  
 4800 WOODLANE CIRCLE  
 TALLAHASSEE, FL 32303

**DO NOT WRITE IN THIS SPACE**



01252005 No Chg-P CR2E034 (10/03)

4. FEI Number  
 59-3285404

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

BIST, MICHAEL P  
 1300 THOMASWOOD DRIVE  
 TALLAHASSEE, FL 32312

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

|                 |                       |
|-----------------|-----------------------|
| TITLE           | P                     |
| NAME            | SIMMONS, JAMES L      |
| STREET ADDRESS  | 4800 WOODLANE CIRCLE  |
| CITY - ST - ZIP | TALLAHASSEE, FL 32303 |
| TITLE           | STD                   |
| NAME            | WELLS, BARTLETT C     |
| STREET ADDRESS  | 4800 WOODLANE CIRCLE  |
| CITY - ST - ZIP | TALLAHASSEE, FL 32303 |
| TITLE           | D                     |
| NAME            | BENTON, TONY C        |
| STREET ADDRESS  | 4800 WOODLANE CIRCLE  |
| CITY - ST - ZIP | TALLAHASSEE, FL 32303 |
| TITLE           |                       |
| NAME            |                       |
| STREET ADDRESS  |                       |
| CITY - ST - ZIP |                       |
| TITLE           |                       |
| NAME            |                       |
| STREET ADDRESS  |                       |
| CITY - ST - ZIP |                       |

**DO NOT WRITE IN THIS SPACE**

1000000225104  
 02/11/05-80026-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *James L Simmons* 2-9-05  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #