


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000048773</b>		
1. Entity Name <b>SUNMETALS AND SUPPLY OF ST. PETERSBURG, INC.</b>		
Principal Place of Business <b>6554 44TH STREET N 1005 PINELLAS PARK, FL 33781</b>		Mailing Address <b>6554 44TH STREET N 1005 PINELLAS PARK, FL 33781</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
04122004 No Chg-P CR2E034 (10/03)		
4. FEI Number <b>65-0670483</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>ROSENBERG, ARTHUR R 916 S E 16 STREET DEERFIELD BEACH, FL 33041</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
		<b>U00000115266 04/16/04-80018-001 150.00</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NORRIS, DAVID 5953 48TH AVE NORTH KENNETH CITY, FL 33709	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NORRIS, MICHAEL 1820 OAK STREET NORTH CLEARWATER, FL 33760	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 893, 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: <b>David Norris</b>		Date <b>4/12/04</b> Daytime Phone # <b>727 528 7100</b>