

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000103764

FILED
Feb 02, 2004
Secretary of State

Entity Name: ANTHONY METAL CARE SERVICES INC.

Current Principal Place of Business:

1330 ALYCE ST
LAKELAND, FL 33801 US

New Principal Place of Business:

Current Mailing Address:

1330 ALYCE ST
LAKELAND, FL 33801 US

New Mailing Address:

FEI Number: 59-3419110 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUNSFORD, ANTHONY P
1330 ALYCE ST
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: LUNSFORD, ANTHONY P
Address: 1330 ALYCE ST
City-St-Zip: LAKELAND, FL 33801 US

Title: SD (X) Delete
Name: LUNSFORD, CATHERINE M
Address: 7711 JORDAN HEIGHTS DR
City-St-Zip: LAKELAND, FL 33810

Title: D () Delete
Name: KOWALSKI, JOHN M
Address: 1061 KING AVE
City-St-Zip: LAKELAND, FL 33803

Title: D () Delete
Name: LUNSFORD, JAMES N
Address: 944 DEARBORN CIR
City-St-Zip: CAROL STREAM, IL 60188

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY P. LUNSFORD

PTD

02/02/2004

Electronic Signature of Signing Officer or Director

Date