

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90212 024 ***150.00

DOCUMENT # P97000051954

1. Entity Name

METALEX TECH, INC.



Principal Place of Business
**2818 MELLONVILLE AVE
SANFORD FL 32773**

Mailing Address
**2818 MELLONVILLE AVE
SANFORD FL 32773**

2. Principal Place of Business - No P.O. Box #
3601 S. SANFORD AVE.

3. Mailing Address
P.O. BOX 196748

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SANFORD, FL.

City & State
WINTER SPRINGS, FL.

4. FEI Number **59-3451642**

Applied For
Not Applicable

Zip **32773** Country **USA**

Zip **32719-6748** Country **USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JULIE EASON SMITH, P.A.
2060 WINTER SPRINGS BOULEVARD
OVIEDO FL 32765**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Delete
NAME **JARES, ROBERT**
STREET ADDRESS **2818 MELLONVILLE AVE**
CITY- ST- ZIP **SANFORD FL 32773**

TITLE **TD** ☐ Delete
NAME **SMITH, DANIEL D**
STREET ADDRESS **1116 DUNCAN DRIVE**
CITY- ST- ZIP **WINTER SPRINGS FL 32708**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
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CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3601 S. SANFORD AVE.**
CITY- ST- ZIP **SANFORD, FL. 32773**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT JARES

03-20-07 407-585-3540

Date

Daytime Phone #