

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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|--|---|---|--|--|--|
| DOCUMENT # P97000055422 | | | | | |
| 1. Entity Name METROBUILDERS, INC. | | | | | |
| Principal Place of Business 800 N. HIGHLAND AVENUE, STE. 200 ORLANDO, FL 32803 | | | Mailing Address P.O. BOX 4961 ORLANDO, FL 32802 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-3455896 | |
| Zip | | Country | | Applied For Not Applicable | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent B&C CORPORATE SERVICES OF CENTRAL FLORIDA, 390 N. ORANGE AVE., STE. 1100 ORLANDO, FL 32801 | | | 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 _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP KROPP, STEVEN G 800 N. HIGHLAND AVENUE, STE. 200 ORLANDO, FL 32803 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P TUTTLE, L. MILLS 800 N. HIGHLAND AVENUE, STE. 200 ORLANDO, FL 32803 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS CARLTON, CHARLES S 800 N. HIGHLAND AVENUE, STE. 200 ORLANDO, FL 32803 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPAT LAWLER, THOMAS F 800 N. HIGHLAND AVENUE, STE. 200 ORLANDO, FL 32803 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V WILLNER, DAVID M 800 N. HIGHLAND AVENUE, STE. 200 ORLANDO, FL 32803 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPT PEISNER, ERIC 800 N. HIGHLAND AVENUE, STE. 200 ORLANDO, FL 32803 <input type="checkbox"/> Delete | | 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 I am empowered. | | | | | |
| SIGNATURE: | | | 4/20/05 407-292-7717 | | |
| SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Steven G. Kropp, Vice President | | | Date Daytime Phone # | | |

FILED
 05 APR 27 PM 3:18
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



01042005 Chg-P CR2E034 (10/03)

4. FEI Number
 59-3455896

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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9. Election Campaign Financing

Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

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SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven G. Kropp, Vice President

Date Daytime Phone #