

FILED
Mar 13, 2008 8:00 am
Secretary of State

01-25-2008 90036 026 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000029403

1. Entity Name
METRO SYNTHETICS, INC.



Principal Place of Business
**1708 EASTBROOK BLVD
WINTER PARK, FL 32792**

Mailing Address
**P.O. BOX 195223
WINTER PARK, FL 32719**

66003000



01182008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3500294

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BRUSE, DAVE
1708 EASTBROOK BLVD
WINTER PARK, FL 32792**

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

(NOTE: Registered Agent signature required when reinstating)

DATE 3/10/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
CZODLI, JOHN
5013 WELLINGTON PK CIR, B78
ORLANDO, FL 32839**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
BRUSE, DAVE
1708 EASTBROOK BLVD
WINTER PARK, FL 32792**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE OF THE TYPE-EMPOWERED NAME OF OFFICER, DIRECTOR, RECEIVER OR TRUSTEE

3/10/08 407-484-1169