## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P99000097416

1. Entity Name

ACCURATE METAL SERVICES INC.



**FILED** Apr 29, 2004 08:00 AM Secretary of State

Principal Place of Business

25219 NE 133RD LN FORT MC COY, FL 32134 Mailing Address

1021 MILL CREEK DR #2 FEASTERVILLE TREVOSE, PA 19053

US



04262004

No Chg-P

CR2E034 (10/03)

4. FEI Number 23-3020404 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MERCURE, HOWARD 25219 NE 133 RD FORT MC COY, FL 32134

## DO NOT WRITE IN THIS SDACE

|   |                                     | 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. It 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) DAYE   |                                     |                             |                      |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution   |                                     | - <del>- +0.00</del> may 50 |                      |
| 10. OFFICERS AND DIRECTORS  |                                     |                             |                      |
| TITLE P  NAME MERCURE, HOWARD  STREET ADDRESS 25219 NE 133RD LANE  CITY-ST-ZIP FORT MC COY, FL 32134  |                                     |                             | •                    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |                                     |                             |                      |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |                                     | DO                          | NOT WRITE            |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP   |                                     | IN '                        | THIS SPACE           |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |                                     |                             |                      |
| 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 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 PRINTE  | D NAME OF SIGNING OFFICER OR DIRECT | <u> </u>                    | Date Daytime Phone # |