


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR).

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90160 001 ***300.00

DOCUMENT # S10020	
1. Entity Name M.B. CRAFTED METALS, INC.	

Principal Place of Business 720 17ST NORTH ST PETERSBURG FL 33713 US	Mailing Address 720 17ST NORTH ST PETERSBURG FL 33713 US
--	--

2. Principal Place of Business 4636 50th Ave No Suite, Apt. #, etc.	3. Mailing Address 4636 50th Ave No Suite, Apt. #, etc.
--	--

City & State ST PETERSBURG FL	City & State ST PETERSBURG FL
Zip 33714	Zip 33714
Country PINELLAS	Country PINELLAS

66401235



MOORE CR2E034 (11/03)

4. FEI Number 65-0233284	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RAPPELT, GILBERT W JR 720 17ST NORTH ST PETERSBURG FL 33713 33714	
---	--

7. Name and Address of New Registered Agent Name SALE	
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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	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 D	<input type="checkbox"/> Delete	TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RAPPELT, GILBERT W JR		NAME RAPPELT, GILBERT W JR	
STREET ADDRESS 720 17ST NORTH		STREET ADDRESS 4636 50th Ave No	
CITY-ST-ZIP ST PETERSBURG FL 33713		CITY-ST-ZIP ST PETERSBURG FL 33714	
TITLE	<input type="checkbox"/> Delete	TITLE VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME ASHLEY, JAMES W	
STREET ADDRESS		STREET ADDRESS 4636 50th Ave No	
CITY-ST-ZIP		CITY-ST-ZIP ST PETERSBURG FL 33714	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  **1/26/04** **727 420-0638**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #