

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90335 034 ***150.00

DOCUMENT # S13112 1. Entity Name OLBERT METAL SALES, INC.					
Principal Place of Business 7345 EATON COURT UNIVERSITY PARK SARASOTA, FL 34201			Mailing Address #305-989 DERRY ROAD E MISSISSAUGA, ON L5T 2J8, CA		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0228297	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEISSNER, GREGORY C. 701 11TH ST. W. BRADENTON, FL 34205			7. Name and Address of New Registered Agent Name Meissner, Gregory C. Street Address (P.O. Box Number is Not Acceptable) 1111 3rd Ave. West. Suite 150 City Bradenton FL Zip Code 34205		
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: <u><i>Gregory C. Meissner</i></u> Gregory C. Meissner 4-21-04 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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	DPV ☐ Delete OLBERT, DIETER 989 DERRY ROAD EAST #305 MISSISSAUGA, ONTARIO,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete OLBERT, DIETER 989 DERRY ROAD EAST #305 MISSISSAUGA, ONTARIO,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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: <u><i>Dieter Olbert</i></u> DIETER OLBERT APR 27-004 916-5656126 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					