

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90016 048 ***150.00

DOCUMENT # V05933

1. Entity Name
METROCORP CENTERS, INC.



Principal Place of Business
**240-D NW 76TH DRIVE
GAINESVILLE, FL 32607**

Mailing Address
**240-D NW 76TH DRIVE
GAINESVILLE, FL 32607**



2. Principal Place of Business
3760 NW 83rd Street

3760 NW 83rd Street

Suite 1

Suite 1

01192005 Chg-P CR2E034 (10/03)

Gainesville, FL

Gainesville, FL

4. FEI Number
59-3102337 Applied For
Not Applicable

32606

USA

32606

USA

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

6. Name and Address of Current Registered Agent

**HODOR, HOWARD
240-D NW 76TH DRIVE
GAINESVILLE, FL 32607**

7. Name and Address of New Registered Agent

Name
HODOR, HOWARD

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

3760 NW 83rd Street, Suite 1

City **Gainesville** **FL** Zip Code **32606**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when remaining)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
**DP
HODOR, HOWARD
240-D NW 76TH DRIVE
GAINESVILLE, FL 32607** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVST
SHAW, JAMES W
13505 NW 88TH PLACE
ALACHUA, FL 32615** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**HODOR, HOWARD
3760 NW 83rd St., Suite 1
Gainesville, FL 32606** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 like empowered.

SIGNATURE:

Howard Hodor, Pres.

Date

Daytime Phone #

(352) 336-3996