## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Jan 25, 2007 08:00 A DOCUMENT # V06555 1. Entity Namo **Secretary of State** MATERIALS TRADING COMPANY, INC. Principal Place of Business Mailing Address 1526 EDGEWATER BEACH DRIVE LAKELAND FL 33805 1804 W LAKE PARKER DRIVE LAKELAND FL 33805 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3101435 Not Applicable Zip Zia Country Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MURPHY, RONALD T. Street Address (P.O. Box Number is Not Acceptable) 4740 CLEVELAND HEIGHTS BLVD. LAKELAND FL Zip Code 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 " explicable, (NOTE Registered Acent signature required when revisitation) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HIII ☐ Delete BHE HARTUP, BRUCE ALAN NAME MAM 1256 EDGEWATER BEACH DRIVE STREET ADDRESS SHIFT ADDRESS LAKELAND FL CITY ST ZIP CITY SE 78P Delete IIILI Change Addillion HILF NAM NAME STREET ADDRESS STREET ADDRESS CITY SE-ZIP CHY-SE-78 HHE Defele ☐ Change Addition NAME MAME STREET ADDRESS SHOLE LADDRESS CITY ST ZIP CITY ST ZIP ☐ Delete HILE Change 33334 Addition Addition NAM NAMI STREET ADDRESS SIRFFI ADDRESS GITY SI-ZIP CHY SI 78 Delete 33137 Change 11111 Addition NAM NAME STREET ADDRESS STREET ADOPESS CHY SEZIF CITY ST ZIP HHE Defete HILL Change (KolilibbA 🔲 NAM NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY SI ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am an officer or director of the corporation or the receiver or trustopempowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11

SIGNATURE: Bruce Hartup/Pres. 1/23/07 863/683-4111

if changed, or on an attachment with an