

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90763 009 ***150.00

DOCUMENT # P00000069908 1. Entity Name T3 METROCOM, INC.					
Principal Place of Business 2560-A GILF BREEZE PARKWAY GULF BREEZE, FL 32563			Mailing Address 5202 WILLING STREET MILTON, FL 32570		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address 2560-A Gulf Breeze Parkway Suite, Apt. #, etc.		
City & State			City & State Gulf Breeze, FL		
Zip 32563		Country		4. FEI Number 59-3660082	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MOORE, RAYMOND A 316 BAYLAN STREET SUITE 200 PENSACOLA, FL 32501				7. Name and Address of New Registered Agent Name 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 _____					
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 </div> <div> 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE CD <input type="checkbox"/> Delete NAME FAIRCLOTH, GENE O STREET ADDRESS 4184 MADURA EAST CITY-ST-ZIP GULF BREEZE, FL 32563			TITLE CSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Faircloth, Gene O STREET ADDRESS 4184 Madura East CITY-ST-ZIP Gulf Breeze, FL 32563		
TITLE PD <input type="checkbox"/> Delete NAME NORRIS, MARK J STREET ADDRESS 1433 DEER TR CITY-ST-ZIP HUBERTUS, WI 53033			TITLE PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Norris, Mark J STREET ADDRESS 1433 Deer Tr CITY-ST-ZIP Hubertus, WI 53033		
TITLE STD <input checked="" type="checkbox"/> Delete NAME MOORE, RAYMOND A JR STREET ADDRESS 316 S BAYLEN ST 200 CITY-ST-ZIP PENSACOLA, FL 32501			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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: _____ 4/29/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					