

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90005 041 ***150.00

DOCUMENT # 318764 1. Entity Name STEEL PRODUCTS, INC.					
Principal Place of Business 1821 MYRTLE STREET SARASOTA FL 34234-4820			Mailing Address 1821 MYRTLE STREET SARASOTA FL 34234-4820		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1168395	
Zip		Country		☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LOSEE, KAREN T. 7609 N TURRLE AVENUE SARASOTA FL 34243			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 reappointing) 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. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	T LOSEE, LOLA E ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	6307 26TH AVE. WEST		NAME		
STREET ADDRESS	BRADENTON FL		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	P ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	LOSEE, THOMAS J		NAME		
STREET ADDRESS	7509 N. TUTTLE AVE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34223		CITY-ST-ZIP		
TITLE	V ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	LOSEE, KAREN T		NAME		
STREET ADDRESS	7609 N TUTTLE AVE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34243		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ 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: _____			3/5/04 Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					