



2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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|--|--|---------|--|---|--|---|--|
| DOCUMENT # F04000002759 1. Entity Name FLEXOSPAN STEEL BUILDINGS, INC. | | | |  | | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">06 SEP -5 AM 11:01</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>  | |
| Principal Place of Business 253 RAILROAD STREET SANDY LAKE, PA 16145 | | | | Mailing Address P.O. BOX 515 SANDY LAKE, PA 16145 | | | |
| 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 25-1214445 | | | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | | |
| 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>No change in registered agent</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | | | |
| Amended AR is \$61.25 | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | PC MCQUISTON, H. ROBERT 253 RAILROAD STREET SANDY LAKE, PA 16145 <input checked="" type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-weight: bold; font-size: 1.2em;">900079730449</div> 09/12/06--01063--007 **70.00 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VCV MCQUISTON, BRUCE A 253 RAILROAD STREET SANDY LAKE, PA 16145 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VCD McQuiston, Bruce A 253 Railroad Street Sandy Lake, PA 16145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST MILLER, LOU ANN 253 RAILROAD STREET SANDY LAKE, PA 16145 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD Miller, Lou Ann 253 Railroad Street Sandy Lake, PA 16145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FREDERICK, LAURI L 253 RAILROAD STREET SANDY LAKE, PA 16145 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Frederick, Lauri L 253 Railroad Street Sandy Lake, PA 16145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROSE, GARY 234 SERVICE AVENUE SHARON, PA 16146 <input checked="" type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD McLallen, Laurel H 253 Railroad Street Sandy Lake, PA 16145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD Kish, Karen A 253 Railroad Street Sandy Lake, PA 16145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: By: <u>Lauri L. Frederick, Pres.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <u>LAURI L. FREDERICK, PRESIDENT</u> | | | | | | | |
| Date <u>8/30/06</u> | | | | | | Daytime Phone # <u>724-376-7221</u> | |

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