

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 288688**

1. Entity Name  
**ORANGE STATE STEEL CONSTRUCTION, INC.**



Principal Place of Business  
**6201 80TH AVE N  
PINELLAS PARK, FL 33781 US**

Mailing Address  
**6201 80TH AVE N  
PINELLAS PARK, FL 33781 US**



01202007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1086910**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**JOYNER, REX A  
1309- PARK ST. N.  
SAINT PETERSBURG, FL 33710**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

U000000612467  
02/02/07-80107-020 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	KLEINFELDER, CRAIG
STREET ADDRESS	6690 99TH AVENUE NORTH
CITY-ST-ZIP	PINELLAS PARK, FL 33782
TITLE	DS
NAME	MCGEORGE, PAMALA P.
STREET ADDRESS	7524 9TH AVENUE NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710
TITLE	DV
NAME	POWELL, JOEL P.
STREET ADDRESS	6721 - 15TH AVENUE NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33710
TITLE	DVT
NAME	POWELL, CHRISTOPHER A.
STREET ADDRESS	6710 15TH AVE. NO.
CITY-ST-ZIP	ST. PETERSBURG, FL 33710
TITLE	DP
NAME	JOYNER, REX A.
STREET ADDRESS	1309 PARK STREET NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33710
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** *[Signature]* **Pres**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*01/26/2007* **927.5443398**  
Date Daytime Phone #