2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State
01-20-2005 90025 037 ***150.00

DOCUMENT # 291333

1. Entity Name
HERRON STEEL CO., INC.

Principal Place of Business	Mailing Address
1645 SILVERLAKE RD TALLAHASSEE, FL 32310	P.O. BOX 2441 TALLAHASSEE, FL 32316

01152005 Chg-P CR2E034 (10/03)

2. Principal Place of Business*	3. Mailing Address
Suite, Apt. # etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
59-1093213
☐ 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
HERRON, WILLIAM H JR 95 MAPLE WOOD DR CRAWFORDVILLE, FL 32327	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 _____
Signature, typed or printed name of registered agent and date. (Note: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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	DKE BD ☐ Delete	TITLE	VS ☐ Change ☒ Addition
NAME	SHIFLETT, PAMELA	NAME	HERRON, MARY W
STREET ADDRESS	7817 NIGO LN	STREET ADDRESS	95 MAPLEWOOD DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32311	CITY-ST-ZIP	CRAWFORDVILLE FL 32327
TITLE	D ☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME	HERRON, RUSSELL A	NAME	BROWN SUSAN
STREET ADDRESS	544 HICKORYWOOD DR	STREET ADDRESS	7817 NIGO LN
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	CITY-ST-ZIP	TALLAHASSEE FL 32311
TITLE	PTD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HERRON, WILLIAM H JR	NAME	
STREET ADDRESS	95 MAPLE WOOD DR	STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HERRON, MARY A.	NAME	
STREET ADDRESS	1008 HAYES ST.	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HERRON, ROBERT	NAME	
STREET ADDRESS	6020 WILLIAMS RD	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LOVELAND, BARBARA	NAME	
STREET ADDRESS	19 COAOHOES AVE	STREET ADDRESS	
CITY-ST-ZIP	GREEN ISLAND, NY 12183	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: W.H. Herron Jr (W.H. HERRON Jr) 1-17-05 850-576-7111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #