

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90074 037 ***150.00

DOCUMENT # 291333

1. Entity Name

HERRON STEEL CO., INC.



Principal Place of Business

1645 SILVERLAKE RD
TALLAHASSEE FL 32310

Mailing Address

P.O. BOX 2441
TALLAHASSEE FL 32316



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

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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

TITLE D ☐ Delete
NAME SHIFLETT, PAMELA
STREET ADDRESS 7817 NIGO LN
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE D ☐ Delete
NAME HERRON, RUSSELL A
STREET ADDRESS 544 HICKORYWOOD DR
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE ☐ Delete
NAME HERRON, WILLIAM H JR
STREET ADDRESS 95 MAPLE WOOD DR
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE D ☐ Delete
NAME HERRON, MARY A.
STREET ADDRESS 1008 HAYES ST.
CITY-ST-ZIP TALLAHASSEE FL

TITLE D ☐ Delete
NAME HERRON, ROBERT
STREET ADDRESS 6020 WILLIAMS RD
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE D ☐ Delete
NAME LOVELAND, BARBARA
STREET ADDRESS 19 COAHOES AVE
CITY-ST-ZIP GREEN ISLAND NY 12183

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME *VS MARY W. HERRON*
STREET ADDRESS *95 MAPLEWOOD DR*
CITY-ST-ZIP *CRAWFORDVILLE FL 32327*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

W. Herron Jr (W.A. HERRON JR)

1-23-06 8505767111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #