2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #358169

Entity Name

FOOTE STEEL CORPORATION



FILED Feb 12, 2007 08:00 All Secretary of State

Principal Place of Business

6635 EDGEWATER DRIVE ORLANDO, FL 32810 US

Mailing Address

6635 EDGEWATER DRIVE ORLANDO, FL 32810 US



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02072007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1280711

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOOTE, GEORGE E 208 E. 2ND AVE WINDERMERE, FL 34786

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a named entity submits this statement for the p tions of registered agent.	ourpose of changing its req	gistered office or	registered agent, or bot	th, in the State of Florida. I am familiar with, and accept
Signature, typed or printed name of registered agent and title	dapplicable (NOTE Re	egistered Agent Bignatul	re required when reinstating)	DATE
E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00		~ ~	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				
V FOOTE, GEORGIANA G 1100 S. DELANEY AVE				Hიიიიილებილე
	Signature, typed or printed name of registered agent and title E NOWILL FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECT V FOOTE, GEORGIANA G	Signature, typed or printed name of registered agent and title if applicable (NOTE RE E NOWILL FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS V FOOTE, GEORGIANA G 1100 S. DELANEY AVE	Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature. E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS V FOOTE, GEORGIANA G 1100 S. DELANEY AVE	Signature, typed or printed name of registered agent and title if applicable Property of printed name of registered agent and title if applicable Property of the segretarian agent signature required when reinstating) Property of the segretarian agent signature required when reinstating) Property of the segretarian agent signature required when reinstating) Property of the segretarian agent signature required when reinstating) Property of the segretarian agent signature required when reinstating) Property of the segretarian agent signature required when reinstating) Property of the segretarian agent signature required when reinstating) Property of the segretarian agent signature required when reinstating) Property of the segretarian agent signature required when reinstating) Property of the segretarian agent signature required when reinstating) Property of the segretarian agent signature required when reinstating) Property of the segretarian agent signature required when reinstating) Property of the segretarian agent signature required when reinstating) Property of the segretarian agent signature required when reinstating) Property of the segretarian agent signature required when reinstating) Property of the segretarian agent signature required when reinstating) Property of the segretarian agent signature required when reinstating) Property of the segretarian agent signature required when reinstating) Property of the segretarian agent signature required when reinstating agent signature required with signature required with signature required with signature required with signature

CITY-ST-ZIP ORLANDO, FL 32806 TITLE FOOTE, AGNES Y NAME STREET ADDRESS 208 E 2ND AVE CITY+ST-7IP WINDERMERE, FL 34786 DILE FOOTE, GEORGE E. JR. NAME STREET ADDRESS 6635 EDGEWATER DR CITY-ST-ZIP ORLANDO, FL TITLE STEWART, GEORGE T JR NAME STREET ADDRESS 6635 EDGEWATER DR. CITY-ST-ZIP ORLANDO, FL 32810 TITLE NAME STREET ADDRESS

U00000632622 02/21/07-80029-008 150.00

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12. I hereby certify that the information supplied with this filling 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 attacment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

earge T Stewart, JR 2/107

407430121

Daytime Phone #