## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 30, 2006 08:00 AM **Secretary of State DOCUMENT #690660** FLORIDA PLAYGROUND & STEEL COMPANY, INC. Principal Place of Business Malling Address 4701 SOUTH SOTH STREET 4701 SOUTH 50TH STREET TAMPA, FL 33619 TAMPA, FL 33619 03172006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2114907 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent BARRS, W.F. DO NOT WRITE 4701 SOUTH 50TH ST. TAMPA, FL 33619-6510 IN THIS SPACE 3. 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, typod or printed name of registered agent and the 4 applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE 13 \$150.00 After May 1, 2006 Fee will be \$550.00 Added to Fees Trust Fund Contribution. OFFICERS AND DIRECTORS 10. PTO TITLE NAME BARRS, W.F. STREET ADDRESS 4701 S. 50TH ST. CITY-ST-ZIP **TAMPA, FL 33619** VSD DILE U00000488240 04/13/06-20029-017 150.00 BARRS, DONNA H. MARKE 4701 S. 50TH ST. STREET ADDRESS City-St-ZIP TAMPA, FL 33619 3777 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not quality 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 it made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this sepont as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 is chapter 607 or on an attachment with an address, with all other life empowered.

SIGNATURE:

NAME STREET ADDRESS City-St-Ip

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR.

**FILED**