


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90021 003 ***150.00

DOCUMENT # 843240 1. Entity Name QUALICO STEEL COMPANY, INC.	
--	---

Principal Place of Business HIGHWAY 52 EAST WEBB, AL 36376	Mailing Address P.O. BOX 149 WEBB, AL 36376
--	---

DO NOT WRITE IN THIS SPACE



07062006 No Chg-P CR2E034 (11/05)

4. FEI Number 63-0707385	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BRAXTON, WAYNE G.
1061 8TH AVENUE
P.O. BOX 564
GRACEVILLE, FL 32440**

**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 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COOK, JOHNNY L 308 VIRGINIA AVENUE DOTHAN, AL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DOWNS, JOHN E 812 N. SHADY LANE DOTHAN, AL 36303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TURNER, HAROLD R 2207 PROVINCIAL DOTHAN, AL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOWNS, JAMES E #12 FOXCHASE DOTHAN, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: Johnny L Cook 7/6/06 334-193-1290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #