

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F00000001493

1. Entity Name:
JOAN STEEL DESIGN, INC.

Principal Place of Business

534 FALLBACK DRIVE
VENICE, FL 34292

Mailing Address

1812 STATE HILL RD
PMB 168
WYOMISSING, PA 19610

FILED

04 JUL 21 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02/16/04 80157 010 \$150.00



07292004

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE4. FEI Number
23-2630090Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEEL, JOAN
534 FALLBROOK DRIVE
VENICE, FL 34292**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 reappointing)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
STEEL, JOAN
534 FALLBROOK DRIVE
VENICE, FL 34292TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
STEEL, JOAN
534 FALLBROOK DRIVE
VENICE, FL 34292TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
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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 exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1200a

Daytime Phone #