

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F00000005262

1. Entity Name
STEEL BUILT CORPORATION



Principal Place of Business
**360 14TH STREET
AMBRIDGE, PA 15003**

Mailing Address
**360 14TH STREET
AMBRIDGE, PA 15003**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

(F 0 0 0 0 0 0 0 5 2 6 2 P)

DO NOT WRITE IN THIS SPACE

01222008 No Chg-P CR2E034 (11/05)

4. FEI Number
23-2911300

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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	PCD DAVIS, ARNOLD 360 14TH STREET AMBRIDGE, PA 15003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ENGKJER, WAYNE 3431 4TH AVENUE SOUTH FARGO, ND 581032222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVIS, SHAWN 155 E. MIENER #16B BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CARR, GERALD W 360 14TH ST. AMBRIDGE, PA 15003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000807592
02/07/08-80015-009 150.00

**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: *Gerold Carr*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/08 724-266-6484 XT. 1211
Date Daytime Phone #