

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 23, 2004 08:00 AM  
Secretary of State

DOCUMENT # F01000005361

1. Entity Name

DEAN STEEL ERECTION COMPANY, INC.



Principal Place of Business

5366 N VALLEY PIKE RD  
HARRISONBURG, VA 22802

Mailing Address

P.O. BOX 1164  
HARRISONBURG, VA 22803-1164



02132004

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

54-0933534

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES INC  
526 E PARK AVE  
TALLAHASSEE, FL 32301

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**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

U00000062266  
02/23/04-80114-015 158.75

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
DEAN, WILLIE H  
452 SPRING OAKS DR  
HARRISONBURG, VA 22801

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VST  
DEAN, AMANDA J  
11007 HARPINE HWY  
BROADWAY, VA 22815

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(i), 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

AMANDA J DEAN, VICE PRESIDENT 02/13/04

Date

Daytime Phone #