

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000000035

1. Entity Name
STEEL PERFORMANCE, INC.



Principal Place of Business
**6342-C BURNT POPLAR RD.
GREENSBORO, NC 27409**

Mailing Address
**6342-C BURNT POPLAR RD.
GREENSBORO, NC 27409**



04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-1472183

Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

**AGENTS AND CORPORATIONS, INC.
773 4TH AVENUE NORTH, SUITE E
NAPLES, FL 34102**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000346830

04/30/05-80091-015 158.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CP
JOHNSON, HARRY D JR.
3929 NEWPORT CT.
HIGH POINT, NC 27265**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCV
JOHNSON, ROBERT CHARLES
2822 COUNTY CLARE RD.
GREENSBORO, NC 27407**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KIGER JOHNSON, GINNY
2822 COUNTY CLARE RD.
GREENSBORO, NC 27407**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
LOWE JOHNSON, SUSAN
3929 NEWPORT CT.
HIGH POINT, NC 27265**

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)(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

Date

Daytime Phone #

Robert Charles Johnson 4/26/05 336-299-7205