


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # F93000000164	
1. Entity Name BERG,STEEL PIPE CORP.	

Principal Place of Business CALLER BOX 2029 PANAMA CITY, FL 32402	Mailing Address PO BOX 59209 PANAMA CITY, FL 32402
---	--



01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3203540	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DAVENPORT, MURRAY 5315 W 19TH ST PORT INDUSTRIAL PARK PANAMA CITY, FL 32412

**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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVENPORT, MURRAY 5315 W 19TH STREET, PORT IND. PARK PANAMA CITY, FL 32412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DELIE, DAVID 5315 W 19TH STREET PORT IND PARK PANAMA CITY, FL 32412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLIAMSON, RON 5315 W 19TH ST PORT INDUSTRIAL PK PANAMA CITY, FL 32412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HODGSON, ALAN 5315 W 19TH STREET, PORT IND. PARK PANAMA CITY, FL 32412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURTON, JOHN 5315 W 19TH ST PORT IND PARK PANAMA CITY, FL 32412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000607362
01/31/07-80035-008 150.00

**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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #