

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 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**

**DO NOT WRITE IN THIS SPACE**



01232008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**13-3203540**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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, 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	V
NAME	DAVENPORT, MURRAY
STREET ADDRESS	5315 W 19TH STREET, PORT IND. PARK
CITY-STATE-ZIP	PANAMA CITY, FL 32412

TITLE	P
NAME	DELIE, DAVID
STREET ADDRESS	5315 W 19TH STREET PORT IND PARK
CITY-STATE-ZIP	PANAMA CITY, FL 32412

TITLE	V
NAME	WILLIAMSON, RON
STREET ADDRESS	5315 W 19TH ST PORT INDUSTRIAL PK
CITY-STATE-ZIP	PANAMA CITY, FL 32412

TITLE	V
NAME	HODGSON, ALAN
STREET ADDRESS	5315 W 19TH STREET, PORT IND. PARK
CITY-STATE-ZIP	PANAMA CITY, FL 32412

TITLE	VP
NAME	BURTON, JOHN
STREET ADDRESS	5315 W 19TH ST PORT IND PARK
CITY-STATE-ZIP	PANAMA CITY, FL 32412

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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01/31/08-80034-001 150.00

**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 # \_\_\_\_\_