

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90030 034 ***550.00

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1. Entity Name
WEISNER STEEL PRODUCTS, INC.

Principal Place of Business

**77 MORAGA WAY
ORINDA, CA 94563**

Mailing Address

**77 MORAGA WAY
ORINDA, CA 94563**

50065967



05032005 No Chg-P CR2E034 (10/03)

4. FEI Number

94-1723717

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BANKS, ANDREW
4728 DISTRIBUTION DR.
TAMPA, FL 33605**

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 \$550.00
Due by September 7, 2005**

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
**CP
SILVER, IVOR
77 MORAGA WAY
ORINDA, CA 94563**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
SUNDSTROM, CRAIG
77 MORAGA WAY
ORINDA, CA 94563**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
SILVER, MARK
77 MORAGA WAY
ORINDA, CA 94563**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Craig A Sundstrom

082905

925-254-6800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #