## FILED Mar 24, 2008 8:00 am Secretary of State

## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT								-	03-24-2008 9	0047 042 ***150	00
1. Entity Nar	me	# F98686						03 21 2000 3	0017 012 130	.00	
QUALITY	QUALITY STEEL SUPPLY, INC.							4005	UD14		
Principal Plac	ce of Busines	S	Ma	ailing Address		<u> </u>		1000			
3631 US 90 EAST				0 BOX 1949				,			
LAKE CITY, FL 32055				AKE CITY, FL 32056							
		W 0.50			<del></del>						
Principal Place of Business - No P.O Box #  Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #. etc.			, (02)				
City & State				City & State				03132008 4. FEI Numb	Chg-P	CR2E034 (12/06)	pplied For
Zip Country				Zip Country				59-160			lot Applicable
	Godnity							5. Certificate	of Status Desired	See Requir	
	6. Name	and Address of	Current Regist	tered Agent				7. Name and	Address of New R	egistered Agent	
O'DONNE	II IAME	e D			i	Name	l,	amec	M. Ra	TIE OUR	
O'DONNELL, JAMES D. 1648 OSCEOLA STREET JACKSONVILLE: FL: 32204				Street Address			\ddre3(i	663 Pox Number is Not Acceptable East			
JACKSON	IVILLE, FL	32204							3		
	·					City	LA	rke Cit	4	FL 35%	<i>ک</i> گڑ
8. The above	named entitions of regis	v submits this state	ement for the pr	urpose of changing its	registere	ed office o	r register	ed agent, or bo	in the State of Flo	rida. I am familiar with	, and accept
	1		Som	n /		'	Sim	Bour	CFO	Slighe	•
SIGNATURE	Signature, IVD40	or panted name of registi	ared agent and title if	Applicable. (NOT	Registera	i Agent signa	ture required	when teinstating)		DATE	
				9. Election Campa	an Finan	cina	es	<b>00</b> May Be			
		FEE IS \$150. B Fee will be		Trust Fund Cont			Adde	ed to Fees			
10.		OFFICE	RS AND DIREC	TORS	11.		_	ADDITIONS/	CHANGES TO OFFI	CERS AND DIRECTOR	RS IN 11
TITLE	CEO			☐ Delete	TITLE		PICE			Change	Addition
NAME	STORTZ, JEFFREY						Stock	e, Seffice	4 - 1	**	ı
STREET ACORESS	P.O. BOX					ET ADDRESS - ST- ZIP	3631	ne mai	40 East	•	
CITY-5T-ZIP	C	Y, FL 32056194		W:	+		LAKE	<u> City</u>	fl 32ass	<del></del>	- Lange
TITLE NAME	C Delete IIII MESSER, FLOYD SR							_		☐ Change	Addition
STREET ACORESS						Et address					
GITY-ST-ZIP						ST - ZiP					<u>_</u>
TITLE				Delete	TITLE		SICF	0		☐ Change	Addition
NAME	}				NAME		Brow	an, sam	es III		
STREET ADDRESS   City-St-Zip						ET ADDRESS ST - ZIP	3631	N.L. E	90 East 32055		
TITLE	<del> </del>			☐ Deiete	TITLE		LARE	Lity it	. 32500	☐ Change	Addition
NAME	ļ			□ Delete	NAME		Drud	en. Edu	ord D,	onungs	Market Con
STREET ADDRESS					STREE	T ACORESS	3431	US HUY	90 East		
CITY-ST-ZIP	ļ				CiTY-	ST-ZIF	Lake	City , F	2 32155		
TITLE				Delete	TITLE		Ϋ́Р			Change	Addition
NAME STREET ADDRESS					NAME	T ADDRESS	mess	er, om	l'an Each		
CITY-ST-ZIP						ST - ZIP	LAV	o City E	3202		
TITLE				☐ Delete	TITLE					☐ Change	Addition
HAME	ļ				NAME	1	ļ				
STREET ADDRESS						T ADDRESS		,			
CITY-ST-ZIP	<u> </u>					ST-ZIP	<u></u>				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1.19, 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 RIPED OR PRINTED NAME OF SIGNING DIFFICER OR DIRECTOR BROWN, CFO 3/19/08 386-255-0220  Daytone Priorie F											