


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90185 044 \*\*\*150.00

<b>DOCUMENT # G27504</b> 1. Entity Name <b>J &amp; J STEEL PRODUCTS, INC.</b>					
Principal Place of Business <b>200 W. CANFIELD ST. AVON PARK, FL 33825</b>			Mailing Address <b>970 LAKE LOTECA DR AVON PARK, FL 33825</b>		
2. Principal Place of Business <b>200 WILHITE STREET</b>		3. Mailing Address <b>200 WILHITE STREET</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>AVON PARK FL</b>		City & State <b>AVON PARK FL</b>		4. FEI Number <b>59-2270503</b>	
Zip <b>33825</b>		Country <b>HIGHLANDS</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33825</b>		Country <b>HIGHLANDS</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WRIGHT, RANDY 970 LAKE LOTECA AVON PARK, FL 33825</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST WRIGHT, VIRGINIA ANN 302 W. CANFIELD ST. AVON PARK, FL 33825</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P WRIGHT, RANDY 970 LAKE LOTECA AVON PARK, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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.					
<b>SIGNATURE: <i>Randy Wright</i> RANDY WRIGHT</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <b>4/27/06</b> Daytime Phone # <b>(863) 453-3588</b>					