2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # G27504

1. Entity Name

J & J STEEL PRODUCTS, INC.



FILED
Mar 19, 2007 08:00 A
Secretary of State

Principal Place of Business

200 WILWHITE ST AVON PARK, FL 33825 Mailing Address

200 WILWHITE ST AVON PARK, FL 33825



01282007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2270503

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

6. (Name	and Addr	ess of C	urrent	Registered	Agent

WRIGHT, RANDY
970 LAKE LOTELA
AVON PARK EL 3382

DO NOT WRITE IN THIS SPACE

AVON PAI	RK, FL 33825		IN THIS SPACE			
	named entity submits this statement for the plions of registered agent.	urpose of changing its registered office	ce or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and title to	applicable. (NOTE: Registered Agents	Agent significate required when reinstating) DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WRIGHT, VIRGINIA ANN 302 WILWHITE ST AVON PARK, FL 33825					
TITLE NAME	P WRIGHT, RANDY					
STREET ADDRESS CITY-ST-ZIP	970 LAKE LOTELA AVON PARK, FL			000000670230 03/27/07-80105-002 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN '	THIS SPACE		

12. I hereby certify that the information supplied with this filling 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 all other like empowered.

SIGNATURE: A

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

STREET ADDRESS CITY-ST-ZIP

GRATURE AND TYPED OF PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

x 3/15/07

(863) 453-3588.