


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 08:00 A
Secretary of State

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| DOCUMENT # H42575 1. Entity Name UNIVERSAL PIPE & STEEL SUPPLY, INC. |  |
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|-----------------------------------------------------------------------------|-----------------------------------------------------------------|
| Principal Place of Business 2200 FLINT DR FT. MYERS, FL 33916 | Mailing Address 2200 FLINT DR FT. MYERS, FL 33916 |
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DO NOT WRITE IN THIS SPACE



02192007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-2491303 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**LEHMAN, LOUIS J
3828 SE 13TH AVE
CAPE CORAL, FL 33904**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|------------------------------------------------|---------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PDRA LEHMAN, LOUIS 2200 FLINT DR. FORT MYERS, FL 33916 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MCLAREN, KAY 2200 FLINT DR. FORT MYERS, FL 33916 |
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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: Louis J. Lehman 2-19-07 239-332-2525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #