

2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90024 040 \*\*\*150.00

**DOCUMENT # J30794**

1. Entity Name  
S.T.R. SCRAP METAL, INC.



Principal Place of Business

% THOMAS PALOZZOLO  
6805 RIDGE ROAD  
PORT RICHEY, FL 34668 US

Mailing Address

% THOMAS PALOZZOLO  
6805 RIDGE ROAD  
PORT RICHEY, FL 34668 US



01252008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-2716077

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

PALAZZOLO, THOMAS, PRES  
6805 RIDGE ROAD  
PORT RICHEY, FL 34668

**DO NOT WRITE  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME PALAZZOLO, THOMAS  
STREET ADDRESS 1031 POMME DEIN LANE  
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE VSTD  
NAME PALAZZOLO, RALPH  
STREET ADDRESS 5127 HALAHA COURT  
CITY-ST-ZIP NEW PORT RICHEY, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Ralph Palazzolo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/6/08*  
Date

*727-848-7135*  
Daytime Phone #