

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # J73703

1. Entity Name

STEEL BUILDINGS, INC.



Principal Place of Business

2454 CENTERVILLE RD
SUITE C
TALLAHASSEE FL 32308
US

Mailing Address

P.O. BOX 13405
TALLAHASSEE FL 32317

2. Principal Place of Business

3. Mailing Address

6191 Williams Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

Country

32311

Country

USA

4. FEI Number

59-2826298

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LESLIE, GREGORY C
6191 WILLIAMS ROAD
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CM	<input type="checkbox"/> Delete
NAME	LESLIE, GREGORY C	
STREET ADDRESS	6191 WILLIAMS RD	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	PSTD	<input type="checkbox"/> Delete
NAME	LESLIE, GREGORY C	
STREET ADDRESS	6191 WILLIAMS ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700035785537	
STREET ADDRESS	05/07/04--01094--020 **150.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GREGORY C. LESLIE 4-28-04 (850) 422-0089

FILED
04 APR 28 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE

CR2E034 (11/03)