

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90202 020 \*\*\*150.00

**DOCUMENT # J88585**

1. Entity Name  
**STEEL SYSTEMS OF PENSACOLA, INC.**



Principal Place of Business  
**8788 PAUL STARR DRIVE**  
~~P.O. BOX 9579~~  
**PENSACOLA, FL 32513**

Mailing Address  
**8788 PAUL STARR DRIVE**  
~~P.O. BOX 9579~~ **PO BOX 12109**  
**PENSACOLA, FL 32513**  
**32591**

4003300



04052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2907291**

Applied For  
 Not Applicable

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

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

**BELL III, RANDALL R.**  
**4135 BAISDEN DR.**  
**PENSACOLA, FL 32503**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DP**  
**BELL, RANDALL R., III**  
**4135 BAISDEN DR.**  
**PENSACOLA, FL 32503**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DVS**  
**BELL, PEGGY M.**  
**4135 BAISDEN DR.**  
**PENSACOLA, FL 32503**

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: Randall R Bell III  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/06  
 Date

850 4321545  
 Daytime Phone #