2004 FOR BROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L46734

 Entity Name CRADDOCK STEEL, INC.



Principal Place of Business

2911 SOUTH SAGASTA ST. TAMPA, FL 33619 Mailing Address

P O BOX 1467 BRANDON, FL 33509

FILED Feb 07, 2004 08:00 AM Secretary of State



01212004

No Chg-P

CR2E034 (10/03)

FEI Number
 59-2988787

Applied For Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

Name and Address of Current Registered Agent

CRADDOCK, FRANK D. 7209 PROVIDENCE ROAD RIVERVIEW, FL 33569

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				11.4	IIIIS SPACE	
8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its re	egistered office or r	egistered agent, or bo	oth, in the State of Florida. I am lamiliar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and the t	appikable. (NOTE. F	Registered Agent signature	a required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CHY+ST-ZIP	DP CRADDOCK, FRANK D. 7209 PROVIDENCE RD. RIVERVIEW, FL				U00000040728 02/09/04-80059-018 158.75	
THE NAME STREET ADDRESS CITY-ST-ZIP	DVP CRADDOCK, DREAMA R. 7209 PROVIDENCE RD. RIVERVIEW, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRADDOCK, FRANK D. 7209 PROVIDENCE RD RIVERVIEW, FL		-	DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRADDOCK, DREAMA R. 7209 PROVIDENCE RD RIVERVIEW, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filling 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:

THTLE NAME STREET ADDRESS CITY-ST-ZIP

Frank D. C. Allord (FRANK D. CRADDOCK) 02-05-04 813/147-1714