

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # M82556

1. Entity Name

SOUTHERN STEEL, INC.



Principal Place of Business

P O BOX 41835
ST PETERSBURG FL 33743-8835

Mailing Address

P O BOX 41835
ST PETERSBURG FL 33743-8835

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3073142

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

GUE, DIANE
240 107TH AVE.
TREASURE ISLAND FL 33706

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 changing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S Delete
NAME COWAN, JENNIFER
STREET ADDRESS 6271 PARK BLVD.
CITY-ST-ZIP PINELLAS PARK FL 34665

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T Delete
NAME WALKER, LINDA
STREET ADDRESS 6271 PARK BLVD
CITY-ST-ZIP PINELLAS PK FL 34665

TITLE Change Addition
NAME WALKER, LINDA
STREET ADDRESS 6271 - PARK BLVD
CITY-ST-ZIP PINELLAS PK FL 34665

TITLE VP Delete
NAME GUE, DIANE
STREET ADDRESS 240-107 AVE
CITY-ST-ZIP TREASURE ISLAND FL

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P Delete
NAME GUE, TERRY
STREET ADDRESS 240-107 AVE
CITY-ST-ZIP TREASURE ISLAND FL 33706

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Diane Cowan Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED
Mar 21, 2006 8:00 am
Secretary of State**

03-21-2006 90047 047 ***150.00



1st MOORE CR2E034 (10/05)