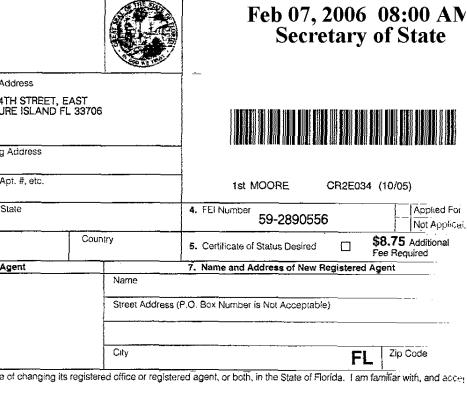
**J06 FOR PROFIT CORPORATION ANNUAL REPORT (AR)** 

## **UMENT # M82653**



FILED

STATEWIDE STEEL PLACEMENT, INC. Principal Place of Business Mailing Address 11005 4TH STREET, EAST 11005 4TH STREET, EAST TREASURE ISLAND FL 33706 TREASURE ISLAND FL 33706 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip 6. Name and Address of Current Registered Agent VERDUNN, THOMAS 11005 4TH STREET E TREASURE ISLAND FL 33706 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 access the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May : After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, TITLE ☐ Delete TITLE Change U00000424430 NAME VERDUNN, THOMAS NAME 02/18/06-80044-023 150.00 STREET ADDRESS 11005 4TH ST E STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TREASURE ISLAND FL TITLE ☐ Delete THILE ☐ Change □ Add\*\* NAME VERDUNN, THOMAS NAME STREET ADDRESS 11005 4TH ST E STREET ADDRESS CITY-ST-ZIF TREASURE ISLAND FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Add: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE And: ☐ Change MAAR NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change □ A NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Deiete HIE A. Change NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this hiling 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 direct of the corporation or the receiver or made empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1 if changed, or on an attachmer an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

THOMAS VERPOUN 2-01-06 727-360-2