

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 11, 2004 8:00 am**  
**Secretary of State**

03-11-2004 90011 037 \*\*\*158.75

**DOCUMENT # P00000043498**  
 1. Entity Name  
**STEELE CONSTRUCTION, INC**



Principal Place of Business  
**3223D S PORT ROYAL DR  
 FORT LAUDERDALE, FL 33308**

Mailing Address  
**3223D S PORT ROYAL DR  
 FORT LAUDERDALE, FL 33308**

*Change of Address*

04016962



2. Principal Place of Business  
**125 N.E SECOND AVE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**125 NE SECOND AVE**  
 Suite, Apt. #, etc.

01272004 Chg-P CR2E034 (10/03)

City & State  
**DEERFIELD BEACH FL**

City & State  
**DEERFIELD BEACH, FL**

4. FEI Number  
**65-1005221**

Applied For  
 Not Applicable

Zip Country  
**33441-3505 USA**

Zip Country  
**33441-3505 USA**

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

6. Name and Address of Current Registered Agent  
**WALTERS, DONALD R ESQ.  
 1401 UNIVERSITY DR., STE. 301  
 CORAL SPRINGS, FL 33071**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

8. 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 NAME STREET ADDRESS CITY - ST - ZIP	<b>PRES STEELE IV, LAWRENCE B MR. 3223D SOUTH PORT ROYALE DR FORT LAUDERDALE, FL 33308</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRES STEELE IV, LAWRENCE B 1631 NE 15 AVE Fort Lauderdale, FL 33305</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **25 Feb 04** **954.448.0972**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

IMPORT