



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000000495 1. Entity Name TURKNETT SHEETING & STEEL, INC.	
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Principal Place of Business 11477 SOFORENKO DR JACKSONVILLE, FL 32218	Mailing Address 11477 SOFORENKO DR JACKSONVILLE, FL 32218
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DO NOT WRITE IN THIS SPACE

	
04252004	No Chg-P CR2E034 (10/03)
4. FEI Number 59-3688925	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TURKNETT, DAVID K 11477 SOFORENKO DR JACKSONVILLE, FL 32218	DO NOT WRITE IN THIS SPACE
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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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000142939 04/30/04-80071-019 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP TURKNETT, DAVID 11477 SOFORENKO DR JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP TURKNETT, BONNIE 11477 SOFORENKO DR JACKSONVILLE, FL 32218
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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 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:  **Bonnie Turknett** x **4-28-04** **904 759-4285**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #