

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P0100000495
 1. Entity Name
TURKNETT SHEETING & STEEL, INC.



Principal Place of Business Mailing Address
 11477 SOFORENKO DR 11477 SOFORENKO DR
 JACKSONVILLE, FL 32218 JACKSONVILLE, FL 32218

DO NOT WRITE IN THIS SPACE



04252004 No Chg-P CR2E034 (10/03)

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|------------------------------------|---|
| 4. FEI Number 59-3688925 | Applied For 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

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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 _____ 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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

00000142939
 04/30/04-80071-019 158.75

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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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* *4-28-04* *904 759-4285*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #