

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90093 009 ***150.00

DOCUMENT # P01000056299

1. Entity Name

STEEL SPECIALIST, INC.



Principal Place of Business

3203 GENERAL ELECTRIC ROAD
APOPKA FL 32703

Mailing Address

3203 GENERAL ELECTRIC ROAD
APOPKA FL 32703

NEW ADDRESS

2. Principal Place of Business

*3231 General Electric Rd -
Suite, Apt. #, etc.
#5*

3. Mailing Address

*3231 General Electric Rd -
Suite, Apt. #, etc.
#5*

City & State

Apopka FL

City & State

Apopka FL 32703

Zip

32725

Country

ORANGE

Zip

FL

Country

ORANGE

4. FEI Number *59-3727484*
59-3727484 59-2770775

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BLOW, WILLIAM R
3203 GENERAL ELECTRIC RD.
APOPKA FL 32703

7. Name and Address of New Registered Agent

Name *BLOW, WILLIAM R.*
Street Address (P.O. Box Number is Not Acceptable) *3231 General Electric Rd #5*
City *Apopka* **FL** Zip Code *32703*

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] (Address Change Only)

4-11-05

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BLOW, WILLIAM R	
STREET ADDRESS	3203 GENERAL ELECTRIC ROAD	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]

4-11-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #