## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

## Feb 28, 2007 8:00 am Secretary of State DOCUMENT # P01000056299 1. Entity Name 02-28-2007 90009 040 \*\*\*158.75 STEEL SPECIALIST, INC. Principal Place of Business Mailing Address 3231 GENERAL ELECTRIC RD 3231 GENERAL ELECTRIC RD # 5 APOPKA FL 32725 # 5 APOPKA FL 32725 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1683 Beardall Ave 1683 Decode 11 AVC Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) H 145 # 145 Ancorrect City & State City & State Applied For 59-2770775 Sonford Not Applicable \$8.75 Additional 5. Cortificate of Status Desired Seninore Den<u>inole</u> 32771 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 000 W.111am R BLOW, WILLIAM R Street Address (P.O. Box Number is Not Acceptable) 1683 Beacolo 11 Ave 3231 GENERAL ELECTRIC RD APOPKA FL 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 BLOW, W. Miem R Hotang 1683 Beardell Ave # 145 0 THE ☐ Delete MILE BLOW, WILLIAM R NAM! NAME 3231 GENERAL ELECTRIC RD STREET ADDRESS STREET ADDRESS ganford FC. 32771 APOPKA FL 32703 CITY-SI-7IP CHY-ST-7IP TITLE ☐ Delete IIIŒ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY+ST-7IP 11111 ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST-ZIP Delete HILE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - S1 - ZIP HILE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS C(1Y+S1-7)P CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing 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 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.

FILED

Daytime Phone #