

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2008 8:00 am**  
**Secretary of State**

02-13-2008 90020 042 \*\*\*158.75

**DOCUMENT # P01000056299**

1. Entity Name  
STEEL SPECIALIST, INC.



Principal Place of Business  
1683 BEANDALL AVE.  
#145  
SANFORD, FL 32771

Mailing Address  
3231 GENERAL ELECTRIC RD  
# 5  
APOPKA, FL 32725

40023783



01282008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

FBI Number 59-2770775 Correct FEE \$59.3727484 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  
3231 GENERAL ELECTRIC RD  
# 5  
APOPKA, FL 32703  
*BLOW, WILLIAM R  
1683 Beandall Ave  
# 145  
Sanford, FL 32771*

**DO NOT WRITE  
IN THIS SPACE**

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
BLOW, WILLIAM R  
1683 BEANDELL AVE. #145  
SANFORD, FL 32771

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 an officer like empowered.

SIGNATURE: *William R. Blow* William R. Blow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-1-08 407321-7779