2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000087605

1. Entity Name
SUPREME STEEL RULE DIES, INC.

Principal Place of Business	Mailing Address
1360 ALTERNATE 19 HOLIDAY, FL 34691	P.O. BOX 1330 OLDSMAR, FL 34677

DO NOT WRITE IN THIS SPACE

01072004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3743301	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ATHANASOULIS, NONDAS
1360 ALTERNATE 19
HOLIDAY, FL 34691

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 _Nondas Athanasoulis_ NONDAS ATHANASOULIS _April 19/04_
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. ☐ **$5.00** May Be Added to Fees

U00000123807
04/22/04-80020-002 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	ATHANASOULIS, NONDAS
STREET ADDRESS	1360 ALTERNATE 19
CITY-ST-ZIP	HOLIDAY, FL 34691

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _Nondas Athanasoulis_ NONDAS ATHANASOULIS _April 1964_ 813-854-2298
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #