



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000091789		
1. Entity Name STEEL-AROUND-FOREST TAVERN, INC.		
Principal Place of Business 21918 STATE RD 40 ASTOR, FL 32102		Mailing Address 21918 STATE RD 40 ASTOR, FL 32102
DO NOT WRITE IN THIS SPACE		
		 02092006 No Chg-P CR2E034 (11/05)
		4. FEI Number 01-0728107 Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent HEPLER, VAUGHAN 21918 STATE RD 40 ASTOR, FL 32102		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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		1000000546884 05/12/06-80002-017 157.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P HEPLER, VAUGHAN 21918 HWY 40 ASTOR, FL 32102	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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 all other like empowered.		
SIGNATURE: <u><i>Vaughan D Keller</i></u> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		02/25/06 352-759-3991 <small>C-316 Daytime Phone #</small>