

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 08:00 A
Secretary of State

DOCUMENT # P01000094148

1. Entity Name
 TRI-CITY STEEL SERVICES OF FLORIDA, INC.



Principal Place of Business
 5201 EAST BROADWAY AVE
 TAMPA, FL 33619

Mailing Address
 POST OFFICE BOX 75327
 TAMPA, FL 33675-5327

DO NOT WRITE IN THIS SPACE



05012006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3761191	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, TARRA L
 5201 EAST BROADWAY AVE
 TAMPA, FL 33619

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$850.00

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	PD JOHNSON, FRANK E 5814 LANGSTON DRIVE TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000563547
 05/20/06-80014-004 158.75

DO NOT WRITE 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 all other like empowered.

SIGNATURE: _____ **04/28/06** **813/630-5818**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #