## 2004 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P02000022481 1. Entity Name WARREN STEEL, INC. Principal Place of Business 24815 AUDREY ROAD LAND 0 LAKES, FL 34639 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent

WARREN, RAYMOND E

24815 AUDREY ROAD

SIGNATURE: (2)

FILED Apr 30, 2004 08:00 AM Secretary of State



04092004 No Chg-P CR2E034 (10/03)

Applied For Not Applicable

5. Certificate of Status Desired

 FEI Number 02-0553686

> \$8.75 Additional Fee Required

DO NOT WRITE

LAND O LAKES, FL 34639			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							
FILE NOW!!! FEE IS \$150.00 9. Election Campaign File May 1, 2004 Fee will be \$550.00 Trust Fund Contribute			ilng 🔲	\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WARREN, RAYMOND E 24815 AUDREY ROAD LAND O LAKES, FL 34639				f filod this to a some		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WARREN, DAVID A 24815 AUDREY ROAD LAND O LAKES, FL 34639		(₽6000141901 9≆7≈7794-8003 <b>0-</b> 013 150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAGGETT, JEFFREY S 24815 AUDREY ROAD LAND O LAKES, FL 34639			DO	O NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WARREN, RAYMOND E 24815 AUDREY ROAD LAND O LAKES, FL 34639			in '	THIS SPACE		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP							
ME							
NAME OTTOTT LOOPERS		1					
STREET ADDRESS CITY-ST-77P					1		
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 truetee 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.							

IATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR