


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90070 041 ***150.00

DOCUMENT # P02000088757		
1. Entity Name SOUTHEAST STEEL TRADING, INC.		

Principal Place of Business 4522 GOLF VILLA CT UNIT 203 DESTIN, FL 32541	Mailing Address 4522 GOLF VILLA CT UNIT 203 DESTIN, FL 32541
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2. Principal Place of Business <i>4529 GOLF VILLA CT</i>	3. Mailing Address <i>Same</i>
Suite, Apt. #, etc. <i>UNIT 202</i>	Suite, Apt. #, etc.

City & State <i>DESTIN FL.</i>	City & State
Zip <i>32541</i>	Country <i>USA</i>

6. Name and Address of Current Registered Agent WHITEHEAD, R. SCOTT ESQ. WEIMORTS & WHITEHEAD, P.A. 4507 FURLING LANE, SUITE 209 DESTIN, FL 32541		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 reinstating)</small>	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURPHY, JAMES V 4522 GOLF VILLA CT UNIT 203 DESTIN, FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>4529 GOLF VILLA CT UNIT 202</i> <i>DESTIN FLORIDA 32541</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>James V. Murphy</i>	Date <i>4-11-05</i>	Daytime Phone # <i>850-650-1899</i>
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