

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90096 015 ***158.75

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1. Entity Name
BAR BUILDERS STAINLESS OF FLORIDA INC.



Principal Place of Business
**4100 NORTH POWERLINE ROAD
#B-1
POMPANO BEACH, FL 33073**

Mailing Address
**4100 NORTH POWERLINE ROAD
#B-1
POMPANO BEACH, FL 33073**

40033614

2. Principal Place of Business - No P.O. Box #
5278 NW 84 WAY
Suite, Apt. #, etc.

3. Mailing Address
5278 N.W. 84 WAY
Suite, Apt. #, etc.



03082007 Chg-P CR2E034 (12/06)

City & State
CORAL SPRINGS, FLORIDA
Zip
33067
Country
USA

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Zip
33067
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4. FEI Number
02-0672705
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OSTERHOUT, ROBERT F
4100 NORTH POWERLINE ROAD
POMPANO BEACH, FL 33073**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

Robert F. Osterhout

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-9-2007

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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	<input type="checkbox"/> Delete
PD	OSTERHOUT, ROBERT F	4100 N POWERLINE RD, # 84	POMPANO BEACH, FL 33073	<input type="checkbox"/>
SVD	OSTERHOUT, CLAUDIA J	4100 N POWERLINE RD, # 84	POMPANO BEACH, FL 33073	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	OSTERHOUT, ROBERT F,	5278 NW 84 WAY	CORAL SPRINGS, FL. 33067	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SVD	OSTERHOUT, CLAUDIA J.	5278 NW 84 WAY	CORAL SPRINGS, FL. 33067	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Robert F. Osterhout

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-2007 (954) 753-6591

Date

Daytime Phone #