

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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## DOCUMENT # P03000104989

Entity Name
 STEEL PLACERS & ERECTORS, INC.



FILED
Jan 31, 2007 08:00 AM
Secretary of State

Principal Place of Business

3350 EAST ATLANTIC BOULEVARD RAYVAN BUILDING-SUITE 300 POMPANO BEACH, FL 33062 Mailing Address

3350 EAST ATLANTIC BOULEVARD RAYVAN BUILDING-SUITE 300 POMPANO BEACH, FL 33062



01222007

No Chg-P

CR2E034 (11/05)

4. FEI Number 45-0525314 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WARREN, PHILIP M ESQ. 3350 EAST ATLANTIC BOULEVARD RAYVAN BUILDING-SUITE 300 POMPANO BEACH, FL 33062

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the obligat	named entity submits this statement for the plans of registered agent.  Signature, typed or printed name of registered agent and title in			egistered agent, or bo	oth, in the State of Florida. I am familiar with, and acce	pt:
Self-recover, debend on business of collections of the self-self-self-self-self-self-self-self-						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		<ol> <li>Election Campaign Finan- Trust Fund Contribution.</li> </ol>	cing	\$5.00 May Be Added to Fees	000000611988 02/02/07-80089-011 150.00	
10.	OFFICERS AND DIREC	TORS I			<del></del>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCLENDON, MICHAEL D 1358 S.W. 1ST WAY DEERFIELD BEACH, FL 33441					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MCLENDON, DONALD G 1358 S.W. 1ST WAY DEERFIELD BEACH, FL 33441					
TITLE NAME STREET ADDRESS GITY-ST-ZIP	ST MCLENDON, DONALD G 1358 S.W. 1ST WAY DEERFIELD BEACH, FL 33441		DO NOT WRITE IN THIS SPACE			
ITTLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
ITILE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby	certify that the information supplied with this fi	ling does not qualify for the exe	mptions co	ntained in Chapter 11	9, Florida Statutes. I further certify that the information	n

12. I hereby certify that the information supplied with this filling 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: \_

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1-25-07

954-421-0575

Daytime Phone #