

2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/23

FILED
Jun 07, 2004 8:00 am
Secretary of State

04-23-2004 90231 013 ***150.00

66427154



04042004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000112217 1. Entity Name STEELMAN MILLWORKS, INC.					
Principal Place of Business 4527 PANORAMA AVENUE HOLIDAY, FL 34690			Mailing Address 4527 PANORAMA AVENUE HOLIDAY, FL 34690		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <div style="font-size: 1.2em; font-weight: bold;">57-1193148</div> <div style="float: right; font-size: 0.8em;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DREYFUS, ANDRA T ESQ. 1463 GULF-TO-BAY BLVD. CLEARWATER-FL-33755			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold; font-size: 1.1em;">FL</div> <div style="text-align: right;">Zip Code</div>		
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> <div style="float: right;">DATE _____</div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. STEELMAN, MARY 4527 PANORAMA AVE. HOLIDAY, FL 34690 <div style="text-align: right; font-size: 0.8em;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right; font-size: 0.8em;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right; font-size: 0.8em;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right; font-size: 0.8em;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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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: <u>Mary A. Steelman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="text-align: right;"> <div style="font-size: 1.2em; font-weight: bold;">4-21-04</div> <div style="font-size: 1.2em; font-weight: bold;">727-798-1511</div> <div style="font-size: 0.8em;">Date Daytime Phone #</div> </div>		

Mary A. Steelman

attachment

66427154

#103000112217

June 3, 2004

To Whom It May Concern:

I am returning the annual report form for Steelman Millworks. There was some confusion on my part about the FEI number. I called your office on 6/2/04 and was told to return it by mail. Thank you for your consideration and help.

Sincerely,

Mary A. Steelman

Mary A. Steelman

Steeleman Millworks, Inc.