## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Apr 30, 2007 08:00 AM Secretary of State DOCUMENT # P03000145517 GARY D. DEPEW STEEL SERVICE INC. Principal Place of Business Mailing Address 754 CR 485 754 CR 485 LAKE PANASOFFKEE FL 33538 LAKE PANASOFFKEE FL 33538 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, atc Suile, Apl. #. atc 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 52-2435952 Not Applicable Ζıρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo DEPEW, GARY D Street Address (P.O. Box Number is Not Acceptable) 754 CR 485 LAKE PANASOFFKEE FL 33538 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. HUE HILE ☐ Change Addition ☐ Delete DEPEW, GARY D NAME U000000742031 754 CR 485 STREET ADDRESS STREET ADDRESS 05/15/07-80054-013 150.00 LAKE PANASOFFKEE FL 33538 CHY-ST-ZIP CITY - ST-ZIP VS HRE Delete □ Change Addition DEPEW, SHERRY L NAME 754 CR 485 STREET ADDRESS STREET ADDRESS LAKE PANASOFFKEE FL 33538 CITY-ST-7IP CITY-ST-7IP Change TITLE ■ Add∗lion Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE Delete ☐ Change Addition MLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-/IP CITY-ST-ZIP Addition TITLE Delete HIE NAME STREET ADDRESS STREET ADDRESS CITY SI - 71P CITY ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos. 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 offect as if made under eath; 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 attachmort with an address, with all other like empowered.

SIGNATURE: \_\_

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/07

252-793 417