

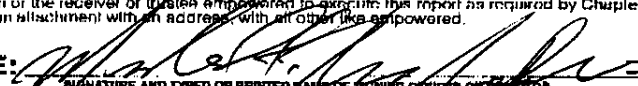
FROM :MHE Inc

FAX NO. :352 796 1378

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90255 030 ***158.75

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000156088 1. Entity Name M.L.T. STEEL, INC.					
Principal Place of Business 11703 BROAD STREET BROOKSVILLE, FL 34601			Mailing Address 11703 BROAD STREET BROOKSVILLE, FL 34601		
2. Principal Place of Business 25324 Withrow Rd. Suite, Apt. #, etc.		3. Mailing Address 25324 Withrow Rd. Suite, Apt. #, etc.			
City & State Brooksville, FL Zip 34601 Country U.S.A.		City & State Brooksville, FL Zip 34601 Country USA		4. FEI Number 20-0545767 Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent THORPE, MICHAEL L 25324 WITHROW ROAD BROOKSVILLE, FL 34609	
7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rotating)					
FILE NOW! IN FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 THORPE, MICHAEL L 25324 WITHROW ROAD BROOKSVILLE, FL 34609 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LUCADO, RALPH E JR. 11703 BROAD STREET BROOKSVILLE, FL 34601 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Kathryn Thorpe 25324 Withrow Rd. Brooksville FL 34601 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with an officer like empowered.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/28/04 (352) 799-8751 Date Daytime Phone #		

Michael L. Thorpe, President