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

04232004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
25324 Withrow RD.	25324 Withrow Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Brooksville FL	City & State: Brooksville, FL.
Zip: 34601 Country: U.S.A.	Zip: 34601 Country: USA

4. FEI Number: 20-0545764 ☐ 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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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
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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 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: [signature] 4/23/04 (352) 799-8757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Michael L. Thorpe, President