

2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVAL
AND
FILED

05 SEP 20 PM 12: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000095404 1. Entity Name STEELE PACKAGING SERVICES, INC.	
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Principal Place of Business 3100 GULF BLVD. UNIT 224 BELLEAIR BEACH, FL 33786 US	Mailing Address 3100 GULF BLVD. UNIT 224 BELLEAIR BEACH, FL 33786 US
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2. Principal Place of Business 2840 W Bay Dr Suite, Apt. #, etc.	3. Mailing Address 2840 W Bay Dr Suite, Apt. #, etc.
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City & State Belleair Bluffs FL	City & State Belleair Bluffs
Zip 33770	Country USA
Zip 33770	Country USA



07122005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent COHN, VANESSA N ESQ 1110 N. FLORIDA AVENUE TAMPA, FL 33602	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature, required when remitting) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME STEELE, BRIAN STREET ADDRESS 3100 GULF BLVD., UNIT 224 CITY-ST-ZIP BELLEAIR, FL 33786	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 800060203438 10/04/05--01011--012 **150.00	☐ Change ☐ Addition
TITLE VP NAME STEELE, ORVILLE M JR. STREET ADDRESS 3100 GULF BLVD., UNIT 224 CITY-ST-ZIP BELLEAIR, FL 33786	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE S/T NAME STEELE, BRENDA STREET ADDRESS 3100 GULF BLVD., UNIT 224 CITY-ST-ZIP BELLEAIR, FL 33786	☐ 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
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)(j), 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: Brian Steele 8/23/05 712-5846144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #