

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90248 045 ***150.00

DOCUMENT # P04000123601

1. Entity Name
CARBON STEELE & STAINLESS, INC.



Principal Place of Business
**104 SPRING LAKE LANE
ALTAMONTE SPRINGS, FL 32714 US**

Mailing Address
**104 SPRING LAKE LANE
ALTAMONTE SPRINGS, FL 32714 US**

20044545



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04142005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

72-1586417

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CENTRAL FLORIDA ACCOUNTING GROUP, LLC
301 S. MILWEE STREET
LONGWOOD, FL 32750**

Name **KENNETH KOLDENHOVEN**

Street Address (P.O. Box Number is Not Acceptable)

104 SPRING LAKE LANE

City

ALTAMONTE SPRINGS FL

Zip Code

32714

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
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS...

TITLE **P** ☐ Delete
NAME **KOLDENHOVEN, KENNETH**
STREET ADDRESS **104 SPRING LAKE LANE**
CITY - ST - ZIP **ALTAMONTE SPRINGS, FL 32714**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENNETH KOLDENHOVEN

Date

Daytime Phone #