## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2007 08:00 AM Secretary of State DOCUMENT # P04000123601 CARBON STEELE & STAINLESS, INC. Principal Place of Business Mailing Address 104 SPRING LAKE LANE 104 SPRING LAKE LANE ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32714 No Chg-P CR2E034 (11/05) 04242007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 72-1586417 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KOLDENMOVER, KENNETH DO NOT WRITE 104 SPRING LAKE LANE ALTAMONTE SPRINGS, FL 32714 IN THIS SPACE 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 reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE KOLDENHOVEN, KENNETH NAME 104 SPRING LAKE LANE STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714 U00000757076 05/23/07-80055-022 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with the filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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 leceiver or trustee employered 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 attact ment with an address with all other like empowered.

**SIGNATURE:** 

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(1-27-07)

Daytime Phone #