## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000116521

Entity Name: LIGHT GAUGE STEEL SYSTEMS, INC.

1805 WINDJAMMER LANE

ST AUGUSTINE, FL 32084

Address: City-St-Zip: FILED Apr 17, 2009 Secretary of State

Current P	rincipal Place of Business:	New Principal Place of	New Principal Place of Business:	
200 EXECUTIVE WAY PONTE VEDRA BEACH, FL 32082			1805 WINDJAMMER LANE ST AUGUSTINE, FL 32084	
Current N	lailing Address:	New Mailing Address:	New Mailing Address:	
200 EXECUTIVE WAY PONTE VEDRA BEACH, FL 32082			1805 WINDJAMMER LANE ST AUGUSTINE, FL 32084	
FEI Number	: FEI Number Applied For	( ) FEI Number Not Applicable (X)	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		nt: Name and Address of N	Name and Address of New Registered Agent:	
1805 WINI ST AUGU:	N, JANET E DJAMMER LANE STINE, FL 32084 US	or the purpose of changing its registered o	office or registered agent or both	
	e of Florida.	or the purpose of changing its registered of	of registered agent, or both,	
SIGNATUI	RE:			
	Electronic Signature of Register	ed Agent	Date	
Election Ca	mpaign Financing Trust Fund Contribution (	).		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( ) Delete HOFFMAN, JANET E 1805 WINDJAMMER LANE ST AUGUSTINE, FL 32084	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	ST () Delete CARILLI, JUNE G 8429 ALDERMAN ROAD JACKSONVILLE, FL 32211	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name:	VP ( ) Delete KAMMERER, WILLIAM S	Title: ( Name:	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JANET E. HOFFMAN P 04/17/2009