## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P93000027596

1. Entity Name

HUEGLI'S STEEL SERVICE INC.



FILED Mar 27, 2007 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

12266 138TH ST N LARGO, FL 34644 12266 138TH ST N LARGO, FL 34644



03212007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3221418 Applied For Not Applicable

5. Certificate of Status Desired

132

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUEGLI, GORDON R 12266 138TH ST N LARGO, FL 34644

## DO NOT WRITE IN THIS SPACE

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.    10000680740					
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing 🛘	\$5.00 May Be Added to Fees	1/01/11/10880740 04/04/07-80012-014 8.75
16. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUEGLI, GORDON R 12266 138TH ST N LARGO, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUEGLI, CHERYL A 12266 138TH ST N LARGO, FL 33774		-	·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE					

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

ENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar, 20,07

227-459-6543

Date

Daytime Phone 4