



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90303 041 \*\*\*150.00

<b>DOCUMENT # P93000053502</b> 1. Entity Name <b>CAREY STEEL TYING, INC.</b>					
Principal Place of Business <b>6315 INDIAN WELLS BLVD.</b> <b>BOYNTON BEACH, FL 33437 US</b>			Mailing Address <b>6315 INDIAN WELLS BLVD.</b> <b>BOYNTON BEACH, FL 33437 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number <b>65-0429650</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CAREY, ROSS</b> <b>240 ROSS DRIVE</b> <b>DELRAY BEACH, FL 33445</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CAREY, WILLIAM</b>		NAME		
STREET ADDRESS	<b>6315 INDIAN WELLS BLVD.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33437</b>		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CAREY, ROSS</b>		NAME		
STREET ADDRESS	<b>6315 INDIAN WELLS BLVD.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33437</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CAREY, BELINDA</b>		NAME		
STREET ADDRESS	<b>6315 INDIAN WELLS BLVD.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33437</b>		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>ROMER, JUSTIN</b>		NAME	<b>T Marshall Jeater</b>	
STREET ADDRESS	<b>838 BLUE RIDGE CIRCLE</b>		STREET ADDRESS	<b>6315 Indian wells Blvd</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33409</b>		CITY-ST-ZIP	<b>Boynton Bch FL 33437</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing 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.					
<b>SIGNATURE</b>  <b>Belinda Carey</b>			<b>4/15/04</b> <b>561-734-8434</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		