

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 21, 2005 08:00 AM
Secretary of State**

DOCUMENT # P95000004717 1. Entity Name IRVIN STEEL, INC.	
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Principal Place of Business 1909 US HWY 301 STE 130 TAMPA, FL 33619	Mailing Address 1909 US HWY 301 STE 130 TAMPA, FL 33619
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01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3288740	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CASTELLANO, NELSON T 101 E KENNEDY BLVD SUITE 2700 TAMPA, FL 33602
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**DO NOT WRITE
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) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IRVIN, GRADY J 1909 US HWY 301 STE 130 TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST IRVIN, DELIA P 1909 US HWY 301 STE 130 TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VMD CANNON, DENISE I 1909 US HWY 301 STE 130 TAMPA, FL 33619
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: Denise I. Cannon **DENISE I. CANNON** 1/17/05 813-664-8945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #