2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State
02-28-2005 90222 004 ***150.00

DOCUMENT # P98000000389

1. Entity Name
TEAM REBAR INC.

Principal Place of Business	Mailing Address
3852 S HOPKINS AVE TITUSVILLE, FL 32780	PO BOX 5712 TITUSVILLE, FL 32780

DO NOT WRITE IN THIS SPACE

02092005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3487435
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KORPACZ, STEVEN
8170 WINDOVER WAY
TITUSVILLE, FL 32780

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KORPACZ, STEVEN
STREET ADDRESS	8170 WINDOVER WAY
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	V
NAME	FENSTER, BARBARA A
STREET ADDRESS	1308 JUNE NIGHT STREET
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	ASSISTANT VICE PRESIDENT
NAME	ROBERT E. ANDERSON
STREET ADDRESS	4034 TALLTREE DRIVE
CITY-ST-ZIP	ORLANDO, FL. 32810
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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: _____ 2/15/05 321-264-0972
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #