## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000009446

Title:

Name:

Address:

City-St-Zip:

FILED Mar 10, 2004 Secretary of State

Enuty Nan	1e: CASTLE	SUPPLY COMPANY OF TAMI	PA, INC.		
Current Principal Place of Business:			New Principal Place of Business:		
6600 49TH PINELLAS	ST. N PARK, FL 3:	3781			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
P.O. BOX 3 PINELLAS	857 PARK, FL 3:	3780			
FEI Number:	59-3493665	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and Address o	of New Registered Agent:	
LECOMPTE, MORRIS A 100 SECOND AVE SO STE 1201 ST PETERSBURG, FL 33701 US			800 SECOND AVE SC	LECOMPTE, MORRIS A 800 SECOND AVE SO STE 380 ST PETERSBURG, FL 33701 US	
The above in the State		submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATURE:					
	· L.			03/10/2004	
		nic Signature of Registered Ag	ent	03/10/2004 Date	
	Electro	onic Signature of Registered Agong Trust Fund Contribution ( ).	ent		
Election Cam	Electro	ng Trust Fund Contribution().			
Election Cam	Electro	ng Trust Fund Contribution ( ).  CTORS:  ) Delete PH C G ST		Date	
Election Cam OFFICERS Title: Name: Address:	Electron Ele	ng Trust Fund Contribution ( ).  CTORS:  ) Delete PH C G ST 3774  ) Delete ROBERT M	ADDITIONS/CHANGI Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS:	
Election Cam OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address:	Electronia	ng Trust Fund Contribution ( ).  CTORS:  ) Delete PH C G ST 3774  ) Delete ROBERT M DE DRIVE ICHEY, FL 34655  ) Delete N G ST	ADDITIONS/CHANGI  Title: Name: Address: City-St-Zip:  Title: Name: Address:	Date  ES TO OFFICERS AND DIRECTORS:  ( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOSEPH C. WHITE CH 03/10/2004

( ) Delete

BECHTOLD, ROBIN K

13109 RIDGE RD

LARGO, FL 33778

() Change () Addition