2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 07, 2005 08:00 AM Secretary of State

DOCUMENT # P98000029580 1. Entity Name HAVANA STEEL DETAILERS, INC.					Secretary of State
Principal Pla 106 EAST 8 HAVANA, FL	BTH AVENUE _	Mailing Address 106 EAST 8TH AVENUE HAVANA, FL 32333		l INGHERI ITE INGA TRIIR NE	III TYRI BASS BAIRE RTIA KERI KURI KURI KARA BAUTAN II KERI
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				01062005 No Ch 4. FEI Number 59-3493419 5. Certificate of Status D	Applied For Not Applicable
603 THÍRI	CHARLES L D STREET NE FL 32333		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. SIGNATURE Signature. Spod or gifted name of registered agent and title it applicable. (NOTE Registered Agent signature required when reinstalling) DATE					
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Financ Trust Fund Contribution.		OO May Be d to Fees	
10.	OFFICERS AND DIRE	CTORS	······································		
TITLE NAME STREET ADDRESS	PD HELMS, CHARLES L RT 6 BOX 1206				== -
CITY-ST-ZIP	HAVANA, FL 32333	·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GUNN, DAN ROUTE 2 BOX 59 QUINCY, FL 32351			01/(000000773838 07/05-80034-009 150.00
TITLE NAME STREET AODRESS CITY-ST-ZIP	STD BEENE, WILLIAM R 15268 HIGHTHILL CIRCLE TALLAHASSEE, FL 32312			DO NOT	WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•		IN THIS	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·			<u> </u>
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 this regioner or trustee employeered 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: NICOS ASS-538-4759 SIGNATURE APP TYPED OF PRINTED MANIE OF SIGNING OFFICER OF DIRECTOR Date Date					