

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90496 024 \*\*\*158.75

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04292005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P98000046952</b> 1. Entity Name <b>UNIVERSAL STEEL SYSTEMS BY MADRAY, INC.</b>					
Principal Place of Business <b>1340 U. S. HIGHWAY 17 N WAUCHULA, FL 33873</b>			Mailing Address <b>P. O. BOX 549 WAUCHULA, FL 33873</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>1340 U.S. Highway 17N</b>  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State <b>Wauchula, FL</b>  Zip      Country <b>33873      USA</b>		4. FEI Number <b>59-3514620</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>NOLAN, JOSEPH J 1666 WILLIAMSBURG SQUARE LAKELAND, FL 33803</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code				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 <b>Joseph J. Nolan      President</b> <i>[Signature]</i> <b>4/28/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)      DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T HIGGENBOTHAM, MARTIN E 1666 WILLIAMSBURG SQUARE LAKELAND, FL 33803</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V BASS, CHARLES 1962 W MAIN STREET WAUCHULA, FL 33873</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V Lane, Jeanette 3800 Bruce Blvd., Lot #126 Lake Wales, FL 33898</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P NOLAN, JOSEPH J 1666 WILLIAMSBURG SQUARE LAKELAND, FL 33803</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S MADRAY, EARLENE W 1184 PINE DRIVE WAUCHULA, FL 33873</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>[Signature]</i> <b>Jeanette Lane, Vice-President</b> <b>4/28/05</b> <b>863-773-0786</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					