


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000100303	
1. Entity Name FLORIDA STEEL DETAILING, INC.	

Principal Place of Business 5470-C LAKEWOOD CIRCLE MARGATE FL 33063	Mailing Address 5470-C LAKEWOOD CIRCLE MARGATE FL 33063
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

2nd MOORE CR2E034 (4/08)

6. Name and Address of Current Registered Agent	
MCCRORY, KIM A 5470 LAKEWOOD CIRCLE MARGATE FL 33063	

7. Name and Address of New Registered Agent	
Name	
Street Address (P O Box Number is Not Acceptable)	
City	
FL	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 _____ (NOTE: Registered Agent signature required when re-appointing)

DATE _____

FILE NOW!!! FEE IS \$550.00
DUE BY September 3, 2008
Make Check Payable to Florida Department of State

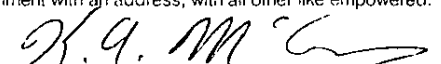
S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00 ☒

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution. ☐

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	MCCRORY, KIM A
STREET ADDRESS	5470-C LAKEWOOD CIRCLE
CITY- ST- ZIP	MARGATE FL 33063
TITLE	D <input type="checkbox"/> Delete
NAME	MCCRORY, GUINEVERE
STREET ADDRESS	2845 VOLQUARDSSEN AVE
CITY- ST- ZIP	DAVENPORT IA 52804
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U000000952772
CITY- ST- ZIP	06/05/08-80001-025 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **KIM A. MCCRORY 5-30-8 954-969-9307**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR