

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000104083

1. Entity Name
SHRUM STEEL, INC.



Principal Place of Business
6711 26TH CT. EAST
SARASOTA, FL 34243

Mailing Address
P.O. BOX 606
ONECO, FL 34264



03302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0880016

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHRUM, E. EARL
6711 26TH CT. EAST
SARASOTA, FL 34243

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

000000102571
04/05/04-80019-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SHRUM, E. EARL
STREET ADDRESS	6711 26TH CT. EAST
CITY - ST - ZIP	SARASOTA, FL 34243
TITLE	VP
NAME	SHRUM, PENELOPE L
STREET ADDRESS	6711 26TH CT. EAST
CITY - ST - ZIP	SARASOTA, FL 34243
TITLE	VP
NAME	ARCIONI, LOUIS
STREET ADDRESS	6711 26TH CT. EAST
CITY - ST - ZIP	SARASOTA, FL 34243
TITLE	ST
NAME	ANDERSON, BARBARA
STREET ADDRESS	6711 26TH CT. EAST
CITY - ST - ZIP	SARASOTA, FL 34243
TITLE	V
NAME	MITCHELL, THOMAS E
STREET ADDRESS	117 ESTADO WAY NE
CITY - ST - ZIP	SAINT PETERSBURG, FL 33704
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 conduct 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-01-2004 941-756-8468

Date Daytime Phone #

E. EARL SHRUM, PRESIDENT