

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2007 08:00 A**  
**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



02262007 No Chg-P CR2E034 (11/05)

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

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04/19/07-80016-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #