

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 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**



03242008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0880016</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**U00000837176  
04/25/08-80036-017 150.00**

**10. OFFICERS AND DIRECTORS**

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

**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 an officer like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_