

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # V34956**

1. Entity Name  
**CAST STEEL PRODUCTS, INC.**



Principal Place of Business  
**7024 CENTRAL AVE  
SAINT PETERSBURG, FL 33707 US**

Mailing Address  
**7024 CENTRAL AVE  
SAINT PETERSBURG, FL 33707 US**

**DO NOT WRITE IN THIS SPACE**



03142005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3129394**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**JOHN, NEWKAUM  
101 EAST KENNEDY BOULEVARD  
BANK OF AMERICAN PLAZA, SUITE 3140  
TAMPA, FL 33602-5151**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	POLAND, DOUG
STREET ADDRESS	#1 BEACH DR. #2002
CITY - ST - ZIP	SAINT PETERSBURG, FL 33701
TITLE	D
NAME	POLAND, LEONA
STREET ADDRESS	#1 BEACH DR., #2002
CITY - ST - ZIP	SAINT PETERSBURG, FL 33701
TITLE	M
NAME	POLAND, DOUG J JR
STREET ADDRESS	5921 BAHIA WAY NORTH
CITY - ST - ZIP	SAINT PETERSBURG, FL 33706
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000298480  
04/11/05-80070-010 150.00

**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 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 filers empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Doug J Poland* 4/7/05 727-347-7303  
Date Daytime Phone #