

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90128 038 ***150.00

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03132006 Chg-P CR2E034 (11/05)

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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
JOHN, NEWKAUM 101 EAST KENNEDY BOULEVARD BANK OF AMERICAN PLAZA, SUITE 3140 TAMPA, FL 33602-5151	

7. Name and Address of New Registered Agent	
Name <u>Alfred A. Colby</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>305 SOUTH BOULEVARD</u>	
City <u>TAMPA</u>	FL <u>33606</u>

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 <u>Alfred A. Colby</u>	DATE <u>3/17/2006</u>

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP POLAND, DOUG #1 BEACH DR. #2002 SAINT PETERSBURG, FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLAND, LEONA #1 BEACH DR. #2002 SAINT PETERSBURG, FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M POLAND, DOUG J JR 5921 BAHIA WAY NORTH SAINT PETERSBURG, FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>DOUG POLAND</u>	Date <u>3/20/06</u> Daytime Phone # <u>727-347-7303</u>