


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # 520483 1. Entity Name SOUTHERN ALUMINUM SYSTEMS, INC.	
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Principal Place of Business 8601 4TH STREET NORTH ST. PETERSBURG, FL 33702 US	Mailing Address P.O. BOX 21482 ST. PETERSBURG, FL 33742-1482 US
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03192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3140554	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**HUNDLEY, JEFFERY
8601 4TH STREET
SUITE #310
ST. PETERSBURG, FL 33702**

**DO NOT WRITE
IN THIS SPACE**

6. 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 re/setting)

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 NAME STREET ADDRESS CITY-ST-ZIP	SPD HUNDLEY, JEFFREY 8601 4TH STREET NORTH ST. PETERSBURG, FL
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U00000293809
04/08/05-80043-024 150.00

**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 like empowered.

SIGNATURE: _____

Jeffrey Hundley SPD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY HUNDLEY 4-4-05 (727) 559-8574
Date Daytime Phone #