## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mailing Address

864 FAIRLONG WAY

ACWORTH, GA 30101

**DOCUMENT # 596251** 

SHORTLEY ALUMINUM, INC.

1. Entity Name

Principal Place of Business

SHORTLEY ALUMINUM INC

3191 SW 14TH PLACE #18

## FILED Mar 08, 2007 8:00 am Secretary of State

03-08-2007 90002 036 \*\*\*150.00

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2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address						AI			
1727	- ~	J			414			901 II 1803			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		02422007	- D 0	DOC024 (4)	NOC)				
				02132007 C	hg-P C	R2E034 (12	2100)				
City & Stat	Bounton Bch, FL City & State			4. FEI Number			App	olied For			
Bount				59-1862791			Not Applicable				
3342	.6 Country USA	Zip	Country	5. Certificate of Stat	us Desired		5 Addit equired				
	6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent							
I			Name								
	SHORTLEY, JAMES C.			Street Address (P.O. Box Number is Not Acceptable)							
3191 SW			Sileel Add	bress (F.O. box Number is inc	n Acceptable)						
BOTIVION	I BEACH, FL 33426					<u>_</u>					
			-	·							
			City			FL   Zi	p Code				
8. The above	named entity submits this statement for t	he purpose of changing its	registered office or re	egistered agent, or both, in th	e State of Florida.	I am familia	r with, a	and accept			
the obligat	ions of registered agent.		-	-							
CICNATURE	1 1										
SIGNATURE.	Signature typed or printed name of registered agent and	title if applicable. (NOTE	Registered Agent signature	required when reinstating)		DATE					
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FIL	E NOW!!! FEE IS \$150.00	9. Election Campai	gn Financing	\$5.00 May Be							
	ay 1, 2007 Fee will be \$550.00	Trust Fund Contr	ibution. $\square$	Added to Fees							
10.	10. OFFICERS AND DIRECTORS 11			1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
TITLE	PD STREETS AND B	Delete	TITLE	ADDITIONATORIAN	als to difficent	O CI		Addition			
NAME .	SHORTLEY, JAMES C.	t. J Delete	NAME			1 10	ianyu				
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· CITY-ST-ZIP	ACWORTH, FL 30101		CITY-ST-ZIP								
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NAME	SHORTLEY, LINDA M.	1 1 Detete	NAME			1. 1 0	unge	(			
STREET ADDRESS	864 FAIRLONG WAY		STREET ADDRESS								
CITY-ST-ZIP	ACWORTH, GA 30101		CITY - ST - ZIP								
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TITLE		☐ Delete	TITLE				hange	Addition			
NAME			NAME				•	_			

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.

STREET ADDRESS

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SIGNATURE:

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CITY-ST-ZIP

TITLE

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nda M. Ahartley. Line SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

la M. Shortley

2.28.07 419.079:

Daylime Phone #

Change

Change

Addition

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