

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90043 003 \*\*\*150.00

**DOCUMENT # F01000006592**

1. Entity Name  
**MID-SOUTH METAL SYSTEMS, INC.**



Principal Place of Business

**138 PEACHTREE PKWY  
BYRON, GA 31008**

Mailing Address

**138 PEACHTREE PKWY  
BYRON, GA 31008**

**DO NOT WRITE IN THIS SPACE**



03122008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**58-2605093**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE - SUITE 4  
WESTON, FL 33331**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FINDLEY, CODY W
STREET ADDRESS	108 HOUSTON WOODS
CITY-ST-ZIP	PERRY, GA 31069
TITLE	VCD
NAME	NEWTON, W. RON
STREET ADDRESS	231 GINGERCake TRAIL
CITY-ST-ZIP	FAYETTEVILLE, GA 30214
TITLE	ST
NAME	MCMANUS, ROBERT W
STREET ADDRESS	5693 SEVILLE LANE
CITY-ST-ZIP	STONE MOUNTAIN, GA 30087
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 all other title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CODY FINDLEY, PRESIDENT**

**3/12/08**

**478 856-7700**  
Daytime Phone #