2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 20, 2005 8:00 am
Secretary of State
03-21-2005 90111 034 ***150.00

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1. Entity Name
SOUTHERN FASTENING SYSTEMS, INC.

Principal Place of Business	Mailing Address
635 FAIRGROUNDS ROAD MUSCLE SHOALS, AL 35661	635 FAIRGROUNDS ROAD MUSCLE SHOALS, AL 35661

66011399

03112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
63-0955649
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C.T. CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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: _____ 3/14/05
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	MCKINNEY, STEVE
STREET ADDRESS	635 FAIRGROUNDS ROAD
CITY-ST-ZIP	MUSCLE SHOALS, AL 35661
TITLE	CST
NAME	MCKINNEY, CHESTER L JR.
STREET ADDRESS	635 FAIRGROUNDS ROAD
CITY-ST-ZIP	MUSCLE SHOALS, AL 35661
TITLE	DV
NAME	MCKINNEY, JOE
STREET ADDRESS	635 FAIRGROUNDS ROAD
CITY-ST-ZIP	MUSCLE SHOALS, AL 35661
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ Secretary 3/14/05 256-781-3628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #