2005 FOR PROFIT CORPORATION . ANNUAL REPORT

-- Apr 01, 2005 08:00 AM Secretary of State DOCUMENT # F93000005722 1. Entity Name SOUTHERNTIER INDUSTRIAL SUPPLY, INC. Principal Place of Business Mailing Address P O BOX 952 1105 TALKING ROCK RD JASPER, GA 30143 STE B JASPER, GA 30143 CR2E034 (10/03) No Chg-P 03292005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-1999804 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent WERTH, HELEN E DO NOT WRITE 701 XANADA PLACE JUPITER, FL 33471 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and fitte if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE WERTH, THOMAS L NAME 110 COVE HILLS DR STREET ADDRESS CITY-ST-ZIP JASPER, GA 30143 *U00000*0283619 TITLE 04/01/05-80034-016 150.00 WERTH, BARBARA J NAME 110 COVE HILLS DR STREET ADDRESS CITY-ST-ZIP JASPER, GA 30143 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

FILED

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.

STREET ADDRESS
CITY-ST-ZIP

SIGNATURE: Barbar J. Werth BARBARA J. WERTH 3/29/05 206-253-9301

SIGNATURE AND TYPED OFFINITED NAME OF SIGNING OFFICER OR DIRECTOR

Date Proce #