## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 22, 2008 8:00 am Secretary of State

DOCUMENT # H73707  1. Entity Name SOUTHEASTERN ALUMINUM PRODUCTS, INC.						01-22-2008	3 90051 025 ***15	0.00
Principal Place of Business Mailing Address					3			
4925 BULLS BAY HGWY PO BOX 6427					· .			
JACKSONVILLE, FL 32219 US JACKSONVILLE, FL 32			236 I	JS				
					TOTAL DE LA COLLEGIA		FI BIRIN BITH TINK BIRIN BITH BIR	11    11
Principal Place of Business - No P.O. Box # 3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01042008	Chg-P	CR2E034 (12/06)	
City & State		City & State			4. FEI Number		Δη	pplied For
City & State		City & State			59-2567		<b>├</b>	t Applicable
Zip Country		Zip Country		try	5 Cortificate	of Status Desired	\$8.75 Add	litional
			<u> </u>		<u> </u>		Fee Require	d
	5. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New F	Registered Agent	
ROBISON, MARY A.				Ivame				
1 INDEPENDENT DR				Street Address (P.O. Box Number is Not Acceptable)				
SUITE 260	=			_		INE M	Œ	
JACKSONVILLE, FL 32202				SUITE 600				
			JACK	SONVIL	LE	FL   <sup>zip C</sup> အ	202	
	named entity submits this statement for	or the purpose of changing its	registore	ed office or registe	ered agent, or both	n, in the State of Fl	lorida. I am familiar with,	and accept
the obligati	ions of registered agent.							
SIGNATURE		22 HOLES	<u> </u>			9	Jan 2008	
	Signature, typed or printed name of registered agent	and title if applicable. (NOTI	E: Registere	d Agent signature require	ed when reinstating)		DAIL	
After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.								
		T 15 10 1			5.00 May Be ded to Fees			
	ay 1, 2008 Fee will be \$550.	OO Trust Fund Cont			ded to Fees	CHANGES TO OFF	FICERS AND DIRECTOR	
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Incrept ceruly that the information supplied with this filling 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.

SIGNATURE:

904 781-8200 Daysime Prone #