

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H73707

FILED
Apr 03, 2009
Secretary of State

Entity Name: SOUTHEASTERN ALUMINUM PRODUCTS, INC.

Current Principal Place of Business:

4925 BULLS BAY HWY
JACKSONVILLE, FL 32219 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 6427
JACKSONVILLE, FL 32236 US

New Mailing Address:

FEI Number: 59-2567831 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROBISON, MARY A.
501 RIVERSIDE AVE STE 600
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: JACKSON, WILLIAM K., JR.
Address: 4925 BULLS BAY HWY
City-St-Zip: JACKSONVILLE, FL 32219

Title: CD () Delete
Name: WRIGHT, JOHN R.,
Address: 4925 BULLS BAY HWY
City-St-Zip: JACKSONVILLE, FL 32209

Title: V () Delete
Name: JACKSON, JOSEPH T
Address: 4925 BULLS BAY HWY
City-St-Zip: JACKSONVILLE, FL 32219

Title: V () Delete
Name: WRIGHT, JOHN R JR
Address: 4925 BULLS BAY HWY
City-St-Zip: JACKSONVILLE, FL 32219

Title: V () Delete
Name: DOWD, JEFFREY E
Address: 4925 BULLS BAY HWY
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CD (X) Change () Addition
Name: WRIGHT, JOHN R.,
Address: 4925 BULLS BAY HWY
City-St-Zip: JACKSONVILLE, FL 32219

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: DOWD, JEFFREY E
Address: 4925 BULLS BAY HWY
City-St-Zip: JACKSONVILLE, FL 32219

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN R. WRIGHT

CD

04/03/2009

Electronic Signature of Signing Officer or Director

_____ Date