

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P02000113112

1. Entity Name  
S & J ALUMINUM WORKS, INC.



Principal Place of Business  
5623 BAUER RD  
UNIT A  
PENSACOLA, FL 32507

Mailing Address  
5623 BAUER RD  
UNIT A  
PENSACOLA, FL 32507



04212007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
30-0121925

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

JOINER, GRADY  
5623 BAUER RD  
PENSACOLA, FL 32507

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

000000755788  
05/24/07-80057-005 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	JOINER, GRADY
STREET ADDRESS	27770 CANAL ROAD, APT# 2202
CITY-ST-ZIP	ORANGE BEACH, AL 36561
TITLE	D
NAME	SCHLYER, SCOTT
STREET ADDRESS	5623 BAUER RD
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07

850-492-5700