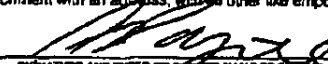


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 06, 2004 8:00 am**  
**Secretary of State**

07-23-2004 90001 018 \*\*\*550.00  
08-03-2004 90006 045 \*\*\*\*\*8.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                        |                                                                                                                    |                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <b>DOCUMENT # P03000050333</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                        |                                   |                                                                                    |
| 1. Entity Name<br><b>SILVER SHEET SUPPLY, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                        |                                                                                                                    |                                                                                    |
| Principal Place of Business<br><b>33 TUPELO AVENUE<br/>FT. WALTON BEACH, FL 32548</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        | Mailing Address<br><b>9335 INDUSTRIAL TRACE<br/>ALPHARETTA, GA 30004</b>                                           |                                                                                    |
| 2. Principal Place of Business<br><b>33 TUPELO AVE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                        | 3. Mailing Address<br><b>9335 INDUSTRIAL</b>                                                                       |                                                                                    |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                        | Suite, Apt. #, etc.                                                                                                |                                                                                    |
| City & State<br><b>FT WALTON FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                        | City & State<br><b>ALPHARETTA GA</b>                                                                               |                                                                                    |
| Zip<br><b>32548</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                        | Zip<br><b>30004</b>                                                                                                |                                                                                    |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                        | Country<br><b>FLORSYTH</b>                                                                                         |                                                                                    |
| 8. Name and Address of Current Registered Agent<br><b>CT CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                        | 4. FEI Number<br><b>42-594614</b><br>Applied For<br><input type="checkbox"/> Not Applicable                        |                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                        | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                           |                                                                                    |
| 7. Name and Address of New Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                        | 07062004 Chg-P CR2E034 (10/03)                                                                                     |                                                                                    |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                        |                                                                                                                    |                                                                                    |
| Street Address (P.O. Box Number is Not Acceptable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                        |                                                                                                                    |                                                                                    |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                        | <b>FL</b> Zip Code                                                                                                 |                                                                                    |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                        |                                                                                                                    |                                                                                    |
| FILE NOW!!! FEE IS \$350.00<br>Due by September 8, 2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                        | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees |                                                                                    |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                        | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                              |                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>JOHANNES T. Potygiar</b> <input type="checkbox"/> Delete<br><b>8565 HIGH HAMPTON CHASE<br/>ALPHARETTA, GA 30022</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                     | <b>PRESIDENT</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                        | 07/06/04 770 6675159                                                                                               |                                                                                    |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                        | Date Daytime Phone #                                                                                               |                                                                                    |



Attachment

66431498

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

July 14, 2004

SILVER SHEET SUPPLY, INC.  
9335 INDUSTRIAL TRACE  
ALPHARETTA, GA 30004

Subject: SILVER SHEET SUPPLY, INC.

Reference Number: P03000050333

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/AS

ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314