04/26/2006 11:28 7706049892 LESKRAITZIC

FILED
May 11, 2006 8:00 am
Secretary of State
05-11-2006 90236 017 ***158.75

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000050333

1. Entity Name
SILVER SHEET SUPPLY, INC.

40090534

Principal Place of Business	Mailing Address
17742 ASHLEY DRIVE PANAMA CITY BEACH FL, 32413	9335 INDUSTRIAL TRACE ALPHARETTA, GA 30004

04262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1594614
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Hester Potgieter.
17742 ASHLEY DRIVE.
PANAMA CITY BEACH
FL, 32413.

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	MR
NAME	POTGIETER, JOHANNES T
STREET ADDRESS	8585 HIGH HAMPTON CHASE
CITY-ST-ZIP	ALPHARETTA, GA 30022
TITLE	MRS
NAME	Hester Potgieter.
STREET ADDRESS	8585 HIGH HAMPTON CHASE
CITY-ST-ZIP	ALPHARETTA, GA 30022.
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____ 04/20/06 770-6675959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #