

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000121556	
1. Entity Name SOUTHERN METALS ENTERPRISES, INC.	
Principal Place of Business 14495 SE 175TH STREET WEIRSDALE, FL 32195	Mailing Address 14495 SE 175TH STREET WEIRSDALE, FL 32195



03282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-1191397	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent

**WILLIAMS, MORRIS J
14495 SE 175TH STREET
WEIRSDALE, FL 32195**

**DO NOT WRITE
IN THIS SPACE**

B. 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

Morris J Williams

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-14-05

DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**11000000309586
04/16/05-80043-011 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	WILLIAMS, MORRIS J
STREET ADDRESS	14495 SE 175TH STREET
CITY-ST-ZIP	WEIRSDALE, FL 32195
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 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:

Morris J Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-05 352-267-2471

DATE

Daytime Phone #