

# **2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000141823

Entity Name: G & S QUALITY ALUMINUM, INC.

**FILED**  
**Jun 19, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

508 EDGEWATER DR  
LAKE WALES, FL 33853

**New Principal Place of Business:**

**Current Mailing Address:**

508 EDGEWATER DR  
LAKE WALES, FL 33853

**New Mailing Address:**

FEI Number: 20-0496165

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHELTON, GREGORY T  
508 EDGEWATER DRIVE  
LAKE WALES, FL 33853 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

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: SHELTON, GREGORY T  
Address: 508 EDGEWATER DR  
City-St-Zip: LAKE WALES, FL 33853

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP ( ) Change (X) Addition  
Name: CASTILLO, CHRISTOPHER  
Address: 114 2ND ELOISE STREET  
City-St-Zip: ELOISE, FL 33880

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: GREGORY T SHELTON

PRES

06/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date