

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90099 007 \*\*\*150.00

**DOCUMENT # P04000053453**

1. Entity Name

**SOUTH GEORGIA ALUMINUM, INC.**



Principal Place of Business

**8325 OLD BAINBRIDGE RD.  
TALLAHASSEE FL 32303**

Mailing Address

**8325 OLD BAINBRIDGE RD.  
TALLAHASSEE FL 32303**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**34-1988492**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

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

**7. Name and Address of New Registered Agent**

**STUBBLEFIELD, BOBETTE  
8325 OLD BAINBRIDGE RD.  
TALLAHASSEE FL 32303**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **D** ☐ Delete  
NAME **STUBBLEFIELD, BOBETTE**  
STREET ADDRESS **8325 OLD BAINBRIDGE RD.**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **STUBBLEFIELD, JESSE**  
STREET ADDRESS **8325 OLD BAINBRIDGE RD.**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

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TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/3/05**  
Date

**229-378-4447**  
Daytime Phone #

South Georgia Aluminum, Inc.  
8325 Old Bainbridge Road  
Tallahassee, FL 32303  
229-378-0839

Attachment  
#P4000053453  
50050244

May 3, 2005

Florida Department of State  
Division of Corporations  
Annual Report Section  
P.O. Box 6850  
Tallahassee, FL 32314

RE: 2005 Annual Report

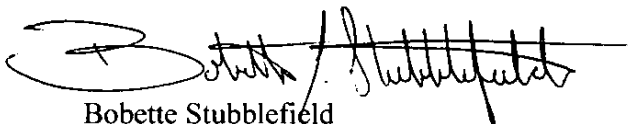
Dear Sir / Madam,

I humbly submit this request for waiver of late fee. I did not receive a reminder card for filing of this Annual Report and filing of this original report escaped my notice due to a series of recent events (emergency surgery on Grandson, death in our family and moving to a new residence last week).

I promise this report will be filed on time next year!

Please accept my sincere apologies for this oversight.

Sincerely,



Bobette Stubblefield  
Officer, South Georgia Aluminum, Inc.

Enc.\