

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 A
Secretary of State

DOCUMENT # P05000054625
 1. Entity Name
 ALUMINIUM PRODUCTS OF SUWANEE, INC.



Principal Place of Business Mailing Address
 18085 61ST ROAD 18085 61ST ROAD
 MCALPIN, FL 32062-2605 MCALPIN, FL 32062-2605

DO NOT WRITE IN THIS SPACE

01092008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 65-1249262 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NOLAN, DAVID M
 18085 61ST ROAD
 MCALPIN, FL 32062-2605

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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: *David M. Nolan* DATE: 1/9/09

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U00000780967
 01/15/08-80016-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NOLAN, DAVID M
STREET ADDRESS	18085 61ST ROAD
CITY-ST-ZIP	MCALPIN, FL 320622605
TITLE	ST
NAME	DAUGHTRY, GILBERT D
STREET ADDRESS	5551 CR-136-A
CITY-ST-ZIP	LIVE OAK, FL 32060
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: *David M. Nolan* Date: 1-9-09 (386) 963-1235

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #