## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000004606

HAUSMAN, JOSHUA

ARCADIA, FL 34269

10125 SW LEVSKY AVE

Name:

Address:

City-St-Zip:

Entity Name: SPECIALTY ALUMINUM, INC.

FILED Mar 29, 2009 Secretary of State

y		TTT / LOWIN YOW, II YO.			
Current Principal Place of Business:			New Principal Pl	New Principal Place of Business:	
10288 SW COUNTY ROAD 761 ARCADIA, FL 34269				10268 SW COUNTY ROAD 761 ARCADIA, FL 34269	
Current Mailing Address:			New Mailing Add	New Mailing Address:	
10288 SW COUNTY ROAD 761 ARCADIA, FL 34269				10268 SW COUNTY ROAD 761 ARCADIA, FL 34269	
FEI Number	: 36-4629867	FEI Number Applied For()	FEI Number Not Applicable (	) Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Addre	Name and Address of New Registered Agent:	
ARTHUR, FLOYD E 10288 SW COUNTY RD 761 ARCADIA, FL 34269 US			10268 SW COUN	ARTHUR, FLOYD E 10268 SW COUNTY RD 761 ARCADIA, FL 34269 US	
	named entity e of Florida.	submits this statement for the	purpose of changing its regis	tered office or registered agent, or both,	
SIGNATURE:				03/29/2009	
		nic Signature of Registered Ag g Trust Fund Contribution ( ). CTORS:		Date  NGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ARTHUR, FLO	UNTY ROAD 761	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	ARTHUR, SHA	UNTY ROAD 761	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title:	s (	) Delete	Title:	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: SHANNON D. ARTHUR VT 03/29/2009