


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 24, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P14881**  
 1. Entity Name  
**ERECTED STEEL PRODUCTS OF ALABAMA, INC.**



Principal Place of Business      Mailing Address  
**2490 OLD HWY. 150**      **P. O. BOX 360347**  
**BESSEMER, AL 35022 US**      **BIRMINGHAM, AL 35236 US**

**DO NOT WRITE IN THIS SPACE**



03112008    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>63-0948048</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**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

U00000867658  
 04/08/08-80079-014 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TERRY, GERALD 2411 CHANDAWOOD DRIVE PELHAM, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERRY, H T 2409 CHANDAWOOD DR PELHAM, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKE, TOM 101 COCKSPUR COURT PEACHTREE CITY, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EULENFELD, B R 111 ROLLING GREEN PEACHTREE CITY, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Donald W. Jones*      3/19/08      205-481-3700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #