

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90032 005 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                      |                                                                                                                                                                                                                                       |                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # P93000037277</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                      |                                                                                                                                                      |                                                                                                                                                       |
| 1. Entity Name<br><b>SOUTHERN FORMING AND SUPPLY, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                      |                                                                                                                                                                                                                                       |                                                                                                                                                       |
| Principal Place of Business<br><b>4527 SUNBEAM RD<br/>JACKSONVILLE, FL 32257 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                      | Mailing Address<br><b>PO BOX 23609<br/>JACKSONVILLE, FL 32241-3609 US</b>                                                                                                                                                             |                                                                                                                                                       |
| 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<br><b>59-3188511</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                      | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                                |                                                                                                                                                       |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                      | <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                 |                                                                                                                                                       |
| 6. Name and Address of Current Registered Agent<br><b>SLOTT, ARNOLD<br/>334 EAST DUVAL ST<br/>JACKSONVILLE, FL 32202</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                      | 7. Name and Address of New Registered Agent<br>Name <b>CT Corporation System</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1200 South Pine Island Rd.</b><br>City <b>Plantation</b> <b>FL</b> Zip Code <b>33324</b> |                                                                                                                                                       |
| 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.<br>SIGNATURE <b>Dale W. Morris</b> <b>Dale W. Morris</b> <b>ASSISTANT VICE PRESIDENT</b><br>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE                                                                                                                                                                          |                                                                                                                      |                                                                                                                                                                                                                                       |                                                                                                                                                       |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                      | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                                                |                                                                                                                                                       |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                      | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                                 |                                                                                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PD<br>DENNY, CHARLES H IV<br>2857 BEAUCLERC RD.<br>JACKSONVILLE, FL 32257 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | President<br>DOUGLAS W. PIAR<br>280 TOWNE LANE<br>ELIC GROVE IL 60007 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>DENNY, GRANT L<br>13389 TROPIC EGRET DR<br>JACKSONVILLE, FL 32224 <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | VICE PRESIDENT<br>RUDY MILLS<br>103 BLACK FOREST DR.<br>CLAYTON NC 27527 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STD<br>OAKLEY, SARA M<br>8211 SUTTON PLACE N.<br>JACKSONVILLE, FL 32217 <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | SECRETARY/TREASURER<br>DORIS MOSS<br>2012 WILLOW HILL LANE<br>CLAYTON NC 27520 <input type="checkbox"/> Change <input type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                     |
| 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: <b>Doris Moss</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                      | Date <b>3-9-05</b> Daytime Phone # <b>914-936-3118</b>                                                                                                                                                                                |                                                                                                                                                       |

ATTACHMENT # P93000037277

Southern Forming & Supply Inc.

1455

40042296

Vendor ID: 0305

Vendor Name: C T Corporation Systems

03/09/05

Check #:

| Invoice No.   | Date     | Invoice Amount | Amount Paid | Discounts Taken | Credits Taken | Net Amount |
|---------------|----------|----------------|-------------|-----------------|---------------|------------|
| Annual Report | 03/09/05 | 290.00         | 290.00      | 0.00            | 0.00          | 290.00     |
| Net Check Amt |          |                |             |                 |               | 290.00     |

Southern Forming & Supply Inc.

509 Gurleys Mill Rd.  
Princeton, NC 27569  
919-936-3118 / Fax 919-936-3150

BB&T

Branch Banking and Trust Company

66-112/531

1455

\*\*\*\*\* Two Hundred Ninety & 00/100 Dollars

DATE

AMOUNT

03/09/05

\*\*\*\*\*290.00

PAY  
TO THE  
ORDER  
OF

C T Corporation Systems

1201 Peachtree St NE  
Atlanta, GA 30361

*[Signature]*  
AUTHORIZED SIGNATURE