


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # J10407	
1. Entity Name TAD METALS, INC., SOUTH EAST	

Principal Place of Business 1460 VANTAGE WAY SUITE 100 JACKSONVILLE, FL 32218	Mailing Address PO BOX 7392 MONROE TOWNSHIP, NJ 08831
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DO NOT WRITE IN THIS SPACE



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2664969	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301

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

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AGARINI, SANTE 1 FITZGERALD AVENUE MONROE TOWNSHIP, NJ 08831
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WOLFE, KENNETH D 1900 GRASSLAND PARKWAY ALPHARETTA, GA 30004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PERFETTI, JOHN P 1 FITZGERALD AVENUE MONROE TOWNSHIP, NJ 08831
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000788969
01/22/08-80007-010 158.75

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: John Perfetti Date: 1/15/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day/1st Phone #