

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 670548	
1. Entity Name ABACO ALUMINUM COMPANY, INC.	

Principal Place of Business 1209 S E 9TH TERRACE CAPE CORAL FL 33990	Mailing Address 1209 S E 9TH TERRACE CAPE CORAL FL 33990
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number **59-1999373** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VARNADOE, CARL 1209 S E 9TH TERRACE CAPE CORAL FL 33904		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 reconstituting) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	☐ Delete		TITLE		☐ Change ☐ Add	
NAME	VARNADOE, CARL H			NAME	U000000405219		
STREET ADDRESS	P.O. BOX 150872 N/A			STREET ADDRESS	02/07/06-80033-003 158.75		
CITY-ST-ZIP	CAPE CORAL FL			CITY-ST-ZIP			
TITLE	VP	☐ Delete		TITLE		☐ Change ☐ Add	
NAME	VARNADOE, KEITH W			NAME			
STREET ADDRESS	P.O. BOX 150872 N/A			STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL			CITY-ST-ZIP			
TITLE	T	☐ Delete		TITLE		☐ Change ☐ Add	
NAME	VARNADOE, KEVIN			NAME			
STREET ADDRESS	P.O. BOX 150872 N/A			STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL			CITY-ST-ZIP			
TITLE	S	☐ Delete		TITLE		☐ Change ☐ Add	
NAME	VARNADOE, KRISTOPHER R			NAME			
STREET ADDRESS	P.O. BOX 150872 N/A			STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Carl H. Varnadoe 1-24-06 239-574-475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #