

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000131063

FILED
Apr 23, 2008
Secretary of State

Entity Name: ABC ALUMINUM & STORM PROTECTION, INC.

Current Principal Place of Business:

5681 DOGWOOD WAY
NAPLES, FL 34116 US

New Principal Place of Business:

Current Mailing Address:

5681 DOGWOOD WAY
NAPLES, FL 34116 US

New Mailing Address:

FEI Number: 56-2415282 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WANDERON, THOMAS
809 WALKERBILT ROAD
5
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

TAX, ACCOUNTING & FINANCIAL ASSOCIATES, IN
809 WALKERBILT ROAD
5
NAPLES, FL 34110 US

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.

SIGNATURE: BENJAMIN J. COTTRELL

04/23/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WANDERON, MICHELLE
Address: 5681 DOGWOOD WAY
City-St-Zip: NAPLES, FL 34116 US

Title: P () Delete
Name: WANDERON, MICHELLE
Address: 5681 DOGWOOD WAY
City-St-Zip: NAPLES, FL 34116 US

Title: VP () Delete
Name: WANDERON, THOMAS
Address: 5681 DOGWOOD WAY
City-St-Zip: NAPLES, FL 34116 US

Title: S () Delete
Name: WANDERON, THOMAS
Address: 5681 DOGWOOD WAY
City-St-Zip: NAPLES, FL 34116 US

Title: T () Delete
Name: WANDERON, MICHELLE
Address: 5681 DOGWOOD WAY
City-St-Zip: NAPLES, FL 34116 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: MICHELLE WANDERON

D

04/23/2008

Electronic Signature of Signing Officer or Director

Date