

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000131063

FILED  
Jan 27, 2009  
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:**

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

**Name and Address of New Registered Agent:**

TAX & FINANCIAL STRATEGISTS LLC  
3365 WOODS EDGE CIR  
SUITE 104  
BONITA SPRINGS, FL 34134 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: THOMAS WANDERON      01/27/2009  
\_\_\_\_\_  
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      01/27/2009  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date