

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000144599

Entity Name: BAHR'S ALUMINUM, INC.

FILED  
Jan 11, 2006  
Secretary of State

**Current Principal Place of Business:**

6440 FT. KING RD.  
ZEPHYRHILLS, FL 33542

**New Principal Place of Business:**

**Current Mailing Address:**

6440 FT. KING RD.  
ZEPHYRHILLS, FL 33542

**New Mailing Address:**

FEI Number: 20-0625256

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MONBARREN, MARTY R  
6440 FT. KING RD.  
ZEPHYRHILLS, FL 33541 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: BAHR, RANDY K  
Address: 37350 NEIGHBORS PATH  
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: SECY ( ) Delete  
Name: MONBARREN, MARTY  
Address: 8910 ZEPHYR RANCH RD.  
City-St-Zip: ZEPHYRHILLS, FL 33541

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: MARTY MONBARREN

SECY

01/11/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date