

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000074536

FILED  
Feb 24, 2009  
Secretary of State

Entity Name: AMERICAN STAINLESS & ALUMINUM PRODUCTS, INC.

**Current Principal Place of Business:**

4712 OLD TAMPA HWY  
KISSIMMEE, FL 34746

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 422183  
KISSIMMEE, FL 347422183

**New Mailing Address:**

FEI Number: 73-1702755

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GRAY, LINDA  
4712 OLD TAMPA HWY  
KISSIMMEE, FL 34746 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: D ( ) Delete  
Name: GRAY, MICHAEL  
Address: PO BOX 422183  
City-St-Zip: KISSIMMEE, FL 347422183

Title: D ( ) Delete  
Name: GRAY, LINDA  
Address: PO BOX 422183  
City-St-Zip: KISSIMMEE, FL 347422183

**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 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: MICHAEL GRAY

MR

02/24/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date