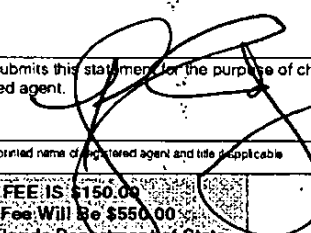
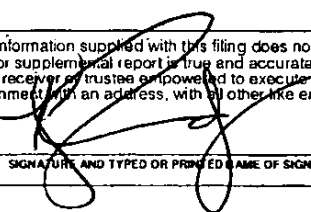


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 17, 2005 8:00 am
Secretary of State

04-20-2005 90290 002 ***150.00

DOCUMENT # P04000133604			
1. Entity Name ANCHOR ALUMINUM OF FLORIDA, INC.			
Principal Place of Business 2525 MALABAR RD. MALABAR FL 32950 US		Mailing Address 2525 MALABAR RD. MALABAR FL 32950 US	
2. Principal Place of Business 161 SEBASTIAN BLVD		3. Mailing Address SAME	
Suite, Apt. #, etc. 204 Suite		Suite, Apt. #, etc.	
City & State SEBASTIAN FL.		City & State	
Zip 32958	Country USA	Zip	Country
6. Name and Address of Current Registered Agent LUNDY, KENNETH A 2525 MALABAR RD. MALABAR FL 32950		7. Name and Address of New Registered Agent Name LUNDY, KENNETH A Street Address (P.O. Box Number is Not Acceptable) 213 DELMONTE, RD. City SEBASTIAN FL Zip Code 32958	
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  DATE 4-10-05 Signature, typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when re-registering)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES LUNDY, KENNETH A 2525 MALABAR RD. MALABAR FL 32950 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES LUNDY, KENNETH A 213 DELMONTE ROAD SEBASTIAN, FL 32958 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 life empowered.			
SIGNATURE: 		Date 4-10-05 Daytime Phone # 589-6393	

66017480



1st MOORE CR2E034 (10/04)