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	Mailing Address
2525 MALABAR RD. MALABAR FL 32950 US	2525 MALABAR RD. MALABAR FL 32950 US

660174800

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
161 SEBASTIAN BLVD	SAME
Suite, Apt. #, etc. 204 SUITE	Suite, Apt. #, etc.
City & State SEBASTIAN FL.	City & State
Zip 32958 Country USA	Zip Country

4. FEI Number 20-1660996 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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 ____________ 4-10-05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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
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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)(i), 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 like empowered.

SIGNATURE: ____________ KENNETH LUNDY 4-10-05 (772) 589-6393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #