## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P95000024504  1. Entity Name  ALUMINUM FABRICATORS INCORPORATED								Feb 23, 2004 08:00 AM Secretary of State	
Principal Place of Business				Mailing Address					
12503 RHODINE ROAD RIVERVIEW FL 33569-6845 US				16416 CARLTON LAKE RD WIMAUMA FL 33598				S FETHERRI HT ARMA RINN RENN RENN BERN BRANK FORM BURN BURN BURN BURN BURN BURN BURN BURN	
2. Principal Place of Business			3. Mai	3. Mailing Address					
Suite, Apt. #, etc.				Suite, Apt. #, etc.				MOORE CR2E034 (11/03)	
City & State				City & State				4. FEI Number 59-3305268 Applied For Not Applicable	
Zιρ		Country	Zip		Coun	iry		5. Certificate of Status Desired See Required Fee Required	
Name and Address of Current Registered Agent						Name		7. Name and Address of New Registered Agent	
OAKEY, ROBERT J 16416 CARLTON LAKE RD WIMAUMA FL 33598						Street Address (P.O. Box Number is Not Acceptable)			
						City		Ei Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the <u>State of Florida</u> . I am familiar with, <u>and accept</u> the obligations of registered agent.									
SIGNATURE Signature, typed or preted name of registered agent and title if approximate (NOTE Registered Agent signature required when remistrating)  OATE									
FILE NOW!!! FEE IS \$150.00									
After May 1, 2004 Fee will be \$550.00  Make Check Payable to Florida Department of State							9. Election Campaign Financing \$5.00 May 8e Trust Fund Contribution.   Added to Fees		
18.					11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	P OAKEY, R	OBERT J		☐ Delicte	RIU NAM	1		Change Addition	
STREET ADORESS CITY-ST-ZIP	16416 CA	RLTON LAKE RO 33547-1318	AD		STRE	ET ADDRESS -SI-ZIP		00000(060654 02/23/04-80048-025 <b>150,<u>0</u>0</b>	
title Name				☐ Detete	RILI NAM			☐ Change ☐ Addition	
STREET ADDRESS CHY-ST-ZIP						ET ADDRESS -ST-ZIP		<del>5</del> .	
title Name				☐ Delete	TETLI NAM	1		☐ Change ☐ Addition	
STREET ADDRESS City-St-Zip					STRE	et address - St- Zip			
TITLE NAME				☐ Delete	TITU Nam	1		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP					SIRE	ET ADDRESS -SJ-Zip			
THE				☐ Delete	INTL			☐ Change ☐ Addition	
name Street address					nam Stre	e et address			
CITY-ST-ZIP					•	-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete		3		☐ 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: Poly Robert J. OA frey 2/18/04 813-677-3269
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Days The Days The Property Designing Property I

**FILED**