

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V50235

**FILED**  
**Mar 30, 2004**  
**Secretary of State**

**Entity Name:** ALUMIDOR, INC.

**Current Principal Place of Business:**

9508 W M.L. KING BLVD  
TAMPA, FL 33610 US

**New Principal Place of Business:**

9706 E. US HIGHWAY 92  
TAMPA, FL 33610 US

**Current Mailing Address:**

P.O. BOX 840  
MANGO, FL 335500158 US

**New Mailing Address:**

9706 E. US HIGHWAY 92  
TAMPA, FL 33610 US

**FEI Number:** 59-3136847

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DIAZ, JOSEPH M.  
DIAZ & ATHAN  
601 BAYSHORE BLVD., #9202  
TAMPA, FL 33606

**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: STEPHENS, LARRY,  
Address: 408 ROYAL PALM WAY  
City-St-Zip: TAMPA, FL 33619

Title: S ( ) Delete  
Name: WHITEHEAD, AL  
Address: 509 S LARRY CIRCLE  
City-St-Zip: BRANDON, FL

Title: VP ( ) Delete  
Name: MCCLURE, LYNDA  
Address: 4014 ALAFIA BLVD  
City-St-Zip: BRANDON, FL

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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 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: LYNDA MCCLURE

VP

03/30/2004

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

\_\_\_\_\_ Date