

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90397 037 \*\*\*150.00

**DOCUMENT # P03000152971**

1. Entity Name

J & J ALUMINUM PRODUCTS, INC.



Principal Place of Business

1026 HWY 20  
INTERLACHEN FL 32148  
US

Mailing Address

P.O. BOX 248  
HOLLISTER FL 32147  
US

2. Principal Place of Business

3. Mailing Address

1026 Hwy 20  
Suite, Apt. #, etc.

P.O. Box 248  
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Interlachen FL

City & State

Hollister FL

4. FEI Number

20-0494637

Applied For

Not Applicable

Zip

32148

Country

Putnam

Zip

32148

Country

Putnam

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARNES & JAMES, P.A.  
2629 BLAIR STONE ROAD  
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Joe Rash*

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, 2004 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  
RASH, JOSEPH  
114 VILLIOTLK CIRCLE  
INTERLACHEN FL 32148 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
RASH, JERRY  
1421 PRESIDENT STREET  
PALATKA FL 32177 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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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: *Joseph Rash* *Joseph Rash*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04 386-684-4003  
Date Daytime Phone #