

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000043471

FILED
Jun 30, 2004
Secretary of State

Entity Name: A + ALUMINUM INC.

Current Principal Place of Business:

8490 NE 61ST PLACE
BRONSON, FL 32621 US

New Principal Place of Business:

Current Mailing Address:

8490 NE 61 PL
BRONSON, FL 32621 US

New Mailing Address:

FEI Number: 59-3381091

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FUGATE, NORM ESQ.
444 WEST MAIN STREET
SUITE 1
WILLISTON, FL 32696 US

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: P () Delete
Name: SCOTT SAPP,
Address: 8490 NE 61 PL
City-St-Zip: BRONSON, FL

Title: S () Delete
Name: SHELLY SAPP,
Address: 8490 NC 61 PL
City-St-Zip: BRONSON, FL

Title: VP (X) Delete
Name: LACHUT, TODD
Address: 8490 NC 61 PL
City-St-Zip: BRONSON, 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: SCOTT K SAPP

PRES

06/30/2004

Electronic Signature of Signing Officer or Director

Date