

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 243922

FILED  
Jan 14, 2008  
Secretary of State

Entity Name: ALUMINUM RELATED PRODUCTS, INC.

**Current Principal Place of Business:**

4226 COMMERCIAL DR  
SEBRING, FL 33870

**New Principal Place of Business:**

**Current Mailing Address:**

4226 COMMERCIAL DR  
SEBRING, FL 33870

**New Mailing Address:**

FEI Number: 59-2809729

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

LONGSHORE, BLAKE A  
4226 COMMERCIAL DR  
SEBRING, FL 33870 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: LONGSHORE, BLAKE A.,  
Address: 101 W. PLEASANT ST.  
City-St-Zip: AVON PARK, FL 33825

Title: V ( ) Delete  
Name: SEVERN, RANDALL L.,  
Address: 334 S. MARION RD.  
City-St-Zip: AVON PARK, FL

Title: ST ( ) Delete  
Name: WELLS, LORETTA S.,  
Address: 2600 W SEVILLE DR.  
City-St-Zip: AVON PARK, FL 33825

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

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

Title: V (X) Change ( ) Addition  
Name: SEVERN, RANDALL L.,  
Address: 334 S. MARION RD.  
City-St-Zip: AVON PARK, FL 33825

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LORETTA S WELLS

ST

01/14/2008

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

\_\_\_\_\_  
Date