

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 409589

FILED
Apr 08, 2009
Secretary of State

Entity Name: ACME ALUMINUM SUPPLY, INC.

Current Principal Place of Business:

6203 US 27 S
SEBRING, FL 338765708 US

New Principal Place of Business:

Current Mailing Address:

6203 US 27 S
SEBRING, FL 338765708 US

New Mailing Address:

FEI Number: 59-1416209

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROMBLEY, MICHAEL J.
329 S. COMMERCE AVENUE
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: PD () Delete
Name: MCGEHEE, GARY P
Address: 3816 NORMANDY DRIVE
City-St-Zip: SEBRING, FL 33875

Title: STD () Delete
Name: MCGEHEE, RUTH ANN
Address: 3816 NORMANDY DRIVE
City-St-Zip: SEBRING, FL 33875

Title: D () Delete
Name: MCGEHEE, PAUL T
Address: 2700 TREASURE CAY LANE
City-St-Zip: SEBRING, FL 33775

Title: D () Delete
Name: WELDY, BETH
Address: 10303 PAYNE RD.
City-St-Zip: SEBRING, FL 33875

Title: VD () Delete
Name: WELDY, BETH
Address: 10303 PAYNE RD.
City-St-Zip: SEBRING, FL 33875

Title: VD () Delete
Name: WELDY, CURTIS
Address: 10303 PAYNE RD.
City-St-Zip: SEBRING, FL 33875

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:

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 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: RUTH ANN MCGEHEE

STD

04/08/2009

Electronic Signature of Signing Officer or Director

Date