2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

FILED Apr 18, 2007 08:00 AM Secretary of State **DOCUMENT # 468556** ALACHUA ALUMINUM AND SCREEN, INC. Principal Place of Business Mailing Address 5650 NW 165TH ST TRENTON FL 32693-9508 13071 SW 166TH CT CEDAR KEY FL 32625 US 2. Principal Place of Business - No P O. Box # 3. Mailing Addross Suite. Apt. #, etc. Suite, Apt. #, otc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Numbor 59-1576479 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FULMER, JR, RUSSELL M Street Address (P.O. Box Number is Not Acceptable) 13071 SW 166 CT CEDAR KEY FL 32625 City 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. PEBRIDENT (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. U00000714609 Change TITLE Delete TITLE FULMER, JR., RUSSELL M. NAME 04/27/07-80028-025 150.00 13071 SW 166 COURT STREET ADDRESS STREET ADDRESS CEDAR KEY FL 32625 CITY-ST-ZIP CHTY-ST-ZIP ☐ Defete HILE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Defete HILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIE CITY-ST-ZIP TITLE ☐ Delete THILE Change Addition NAME NAMI. STREET ADDRESS STREE! ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete PILE Change ☐ Add₁lion NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAMI' STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-SI-7IP 12. I heroby cortify that the information supplied with this filing doos not qualify for the exemptions contained in Section 119. 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 eath; 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 Statutos: 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.