


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 475148	
1. Entity Name FREEDOM ALUMINUM SERVICES OF FT. MYERS, INC.	

Principal Place of Business 2614 LAFAYETTE STREET FT. MYERS, FL 33916-4027	Mailing Address 2614 LAFAYETTE STREET FT. MYERS, FL 33916-4027
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04042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1584155	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MILLIGAN, JOHN P. 1683 N FLOSSMOOR RD FT MYERS, FL 33919

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MILLIGAN, JOHN P. 1683 N. FLOSSMOOR ROAD FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MILLIGAN, MILDRED 1683 N. FLOSSMOOR ROAD FT MYERS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLIGAN, JOHN P 1683 N. FLOSSMOOR ROAD FT MYERS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLIGAN, MILDRED 1683 N. FLOSSMOOR ROAD FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000327225 04/25/05-80029-003 150.00
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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: Mildred E. Milligan MILDRED E. MILLIGAN 4-15-05 239-332-3367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #