

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90015 027 ***150.00

DOCUMENT # 517583

1. Entity Name

B & W ALUMINUM, INC.



Principal Place of Business

818 10TH AVENUE WEST
PALMETTO FL 34221
US

Mailing Address

818 10TH AVENUE WEST
PALMETTO FL 34221

2. Principal Place of Business

818 10th Ave W
Suite, Apt. #, etc.

3. Mailing Address

818 10th Ave W
Suite, Apt. #, etc.

City & State

Palmetto, FL

City & State

Palmetto, FL

Zip

34221

Country

USA

Zip

34221

Country

USA

4. FEI Number

59-1707594

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOLODZKO, JOHN H.
2200-17TH ST W
PALMETTO FL 33561

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	WOLODZKO, JOHN H	
STREET ADDRESS	2200 17TH ST W	
CITY-ST-ZIP	PALMETTO, FL 00000	

TITLE	DST	<input type="checkbox"/> Delete
NAME	WOLODZKO, BARBARA J	
STREET ADDRESS	2200 17TH ST W	
CITY-ST-ZIP	PALMETTO, FL 00000	

TITLE	VP	<input type="checkbox"/> Delete
NAME	WOLODZKO, BARBARA	
STREET ADDRESS	2200 17TH ST W	
CITY-ST-ZIP	PALMETTO FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Joyce Wlodzko
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joyce Wlodzko 1-18-05 722-4043