2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

07-08-2004 90187 013 ***150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 568674

1. Entity Name
CENTRAL FLORIDA ALUMINUM PRODUCTS INC.

Principal Place of Business	Mailing Address
21 SUNSHINE BLVD ORMOND BEACH FL 32174	21 SUNSHINE BLVD ORMOND BEACH FL 32174

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES 04

4. FEI Number 59-1833234 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PATTERSON, JAMES W. 21 SUNSHINE BLVD ORMOND BEACH FL 32174	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above nam statement for the purpos hanging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations o

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

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATTERSON, JAMES W. 21 SUNSHINE BLVD ORMOND BEACH FL 32174	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the infor supplie is 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 s nental ue 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 re or trust wered 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 attachr with an a with all other like empowered.

SIGNATURE: Michael L Haire 7/2/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CENTRAL FLORIDA ALUMINUM PRODUCTS, INC

STATE CERTIFIED CR CO 11-632

COMMERCIAL & RESIDENTIAL
ALUMINUM PRODUCTS

21 Sunshine Blvd.
Ormond Beach, FL 32174
386-672-4035
Fax 386-676-2467

July 20, 2004

Florida Department of State
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Reference Number: 568674

Please be advised we never received an original form for the 2004 Annual Report/Uniform Business Report, just a post card received 7/1/04. At that time I promptly made out the check for $150.00 and used a copy of our previous form to submit to you.

Please waive the $400.00 late fee for the above reason.

Thank you for your assistance in this matter.

Sincerely,

James W. Patterson
President