

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # 596922 1. Entity Name J & M ALUMINUM, INC.																																																																																																																													
Principal Place of Business 6900 49 STREET NORTH PINELLAS PARK FL 33781			Mailing Address 6900 49 STREET NORTH PINELLAS PARK FL 33781																																																																																																																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																										
City & State			City & State																																																																																																																										
Zip		Country		Zip																																																																																																																									
Country		Country		4. FEI Number 59-1882920																																																																																																																									
5. Certificate of Status Desired ☐				Applied For Not Applicable																																																																																																																									
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent DECOSMO, GARY A. 6900 49 STREET, NORTH PINELLAS PARK FL 34665				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 _____ (NOTE: Registered Agent signature required when certifying) Signature, typed or printed name of registered agent and title if applicable																																																																																																																													
DATE _____																																																																																																																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PD</td> <td style="width: 10%;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>DECOSMO, JOHN A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>13402 PEACE BLVD.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SPRINGHILL FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VPSD</td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td>DECOSMO, MICHAEL A JR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6225 20TH ST SO</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ST PETERSBURG FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 10%;">☐ Change</td> <td style="width: 10%;">☐ Add</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Change</td> <td>☐ Add</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Change</td> <td>☐ Add</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Change</td> <td>☐ Add</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>						TITLE	PD	☐ Delete	NAME	DECOSMO, JOHN A		STREET ADDRESS	13402 PEACE BLVD.		CITY-ST-ZIP	SPRINGHILL FL		TITLE	VPSD	☐ Delete	NAME	DECOSMO, MICHAEL A JR		STREET ADDRESS	6225 20TH ST SO		CITY-ST-ZIP	ST PETERSBURG FL		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	☐ Change	☐ Add	STREET ADDRESS				CITY-ST-ZIP				TITLE		☐ Change	☐ Add	NAME				STREET ADDRESS				CITY-ST-ZIP				TITLE		☐ Change	☐ Add	NAME				STREET ADDRESS				CITY-ST-ZIP				TITLE		☐ Change	☐ Add	NAME				STREET ADDRESS				CITY-ST-ZIP			
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12. I hereby certify that the information supplied with this filing does 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 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 another like empowered.																																																																																																																													
SIGNATURE: _____ 2/4-06 727-52128																																																																																																																													