

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 06, 2007 08:00 AM
Secretary of State

DOCUMENT # 650111
1. Entity Name
ABCO ALUMINUM PRODUCTS, INC.



Principal Place of Business
10400 68TH ST N
PINELLAS PARK, FL 34666

Mailing Address
10400 68TH ST N
PINELLAS PARK, FL 34666

DO NOT WRITE IN THIS SPACE



07272007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1993080	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

SCARVELLI, ARTHUR
10400 68TH ST N
PINELLAS PARK, FL 34666

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SCARVELLI, ARTHUR 10400 68 ST NO PINELLAS PK, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCARVELLI, PATRICIA 10400 68 ST NO PINELLAS PK, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000771545
08/07/07-80006-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 all other like empowered.

SIGNATURE: Arthur Scarvelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____