2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 15, 2004 8:00 am Secretary of State

03-15-2004 90090 029 ***150.00

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 Entity Name 	- i
RUSSPIL	Brothers Aluminum
A 1	1 Can think The
HUOGISIN	q & Coating, Inc

Principal Place of Business

Mailing Address

SANFORD, F1 32773

SAN FORD FL

DO NOT	WR	ITEIN	ТН	IS SPA	CE

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4. FEI Number		Applied For
59-2029436		Not Applicab
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5. Certificate of Status Desired

\$8.75 Additiona

Barrett, Richard Lee Barrett, Chapman & Puta, P.A. 18 Wall Street Orlando, FL 32802

6. Name and Address of Current Registered Agent

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 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution						
10. OFFICERS AND DIRECTORS						
TITLE NAME RUSSEII, Charles STREET ADDRESS 56 Kove Blud CITY-ST-ZIP OSteen, F1 32764						
TITLE SD NAME Russell, Judith STREET ADDRESS 56 Kove Blud CITY-SI-ZIP OSTEEN, FL 32764						
TITLE NAME STREET ADDRESS CITY-SI-ZIP	DO NOT WRITE					
TITLE NAME STREET ADDRESS CITY-SI-ZIP	IN THIS SPACE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME						

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

Judith Kusser

1-23-04

Daytime Phone