

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 10, 2005 08:00 AM
Secretary of State**

DOCUMENT # 670548

1. Entity Name
ABACO ALUMINUM COMPANY, INC.



Principal Place of Business

**1209 S E 9TH TERRACE
CAPE CORAL, FL 33990**

Mailing Address

**1209 S E 9TH TERRACE
CAPE CORAL, FL 33990**



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1999373

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**VARNA DOE, CARL
1209 S E 9TH TERRACE
CAPE CORAL, FL 33904**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	VARNA DOE, CARL H
STREET ADDRESS	P.O. BOX 150872 N/A
CITY-ST-ZIP	CAPE CORAL, FL
TITLE	VP
NAME	VARNA DOE, KEITH W
STREET ADDRESS	P.O. BOX 150872 N/A
CITY-ST-ZIP	CAPE CORAL, FL
TITLE	T
NAME	VARNA DOE, KEVIN
STREET ADDRESS	P.O. BOX 150872 N/A
CITY-ST-ZIP	CAPE CORAL, FL
TITLE	S
NAME	VARNA DOE, KRISTOPHER R
STREET ADDRESS	P.O. BOX 150872 N/A
CITY-ST-ZIP	CAPE CORAL, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000175965

01/10/05-80069-017 158.75

**DO NOT WRITE
IN THIS SPACE**

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:

Carl H. Varnadoe
CARL H. VARNA DOE

1-5-5

239-574-4796

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #