


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 755699		
1. Entity Name ALUMINUM ASSOCIATION OF FLORIDA, PINELLAS CHAPTER, INC.		

Principal Place of Business P.O. BOX 232 CLEARWATER, FL 33255 US	Mailing Address P.O. BOX 232 CLEARWATER, FL 33255
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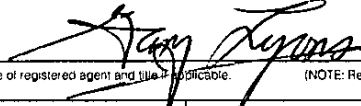
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent JOHNSON, JACK W— 478 HARBOR DR. SO. INDIAN ROCKS BEACH, FL 33785	
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7. Name and Address of New Registered Agent Name GARY LYONS Street Address (P.O. Box Number is Not Acceptable) 311 S. MISSOURI AVE. City CLEARWATER FL Zip Code 33756	
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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.	
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SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE 10/6/05
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Filing Fee is \$61.25 Due by September 16, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JACK 478 HARBOR DR. S. INDIAN ROCKS BEACH, FL 33785 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUFKIN, HARRY 12350 BELCHER RD #2 LARGO, FL 33773 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2000504602 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10/10/05--01091--008 ***150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZAGER, ERNIE 1170 GOULD ST. CLEARWATER, FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HENEGAR, JACKIE 1115 CLEVELAND STREET CLEARWATER, FL 33755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP (1ST) DAVIS, JAMES (RICK) 6190 SEMINOLE BLVD. SEMINOLE, FL 33772 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP (2ND) GLEATON, STEVE 6720 46th AVE. N. ST. PETERS, FL 33709 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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.	
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SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 10/6/05 Date	727-447-7474 Daytime Phone #
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FILED

05 OCT 13 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09282005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2019627

Applied For
Not Applicable

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