

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90297 016 ***150.00

DOCUMENT # F00233

1. Entity Name
BLACKSHEARS II ALUMINUM, INC.



Principal Place of Business
**8111 W GULF-TO-LAKE HWY
CRYSTAL RIVER, FL 34429 US**

Mailing Address
**8111 W GULF-TO-LAKE HWY
CRYSTAL RIVER, FL 34429 US**

94048985



04072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2054309

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BLACKSHEAR, DAVID K
8111 W GULF-TO-LAKE HWY
CRYSTAL RIVER, FL 34429**

**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 Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BLACKSHEAR, DAVID K
STREET ADDRESS	8111 W GULF-TO-LAKE HWY
CITY-ST-ZIP	CRYSTAL RIVER, FL 00000, 34429
TITLE	VST
NAME	BLACKSHEAR, JAMES P
STREET ADDRESS	8111 W GULF-TO-LAKE HWY
CITY-ST-ZIP	CRYSTAL RIVER, FL 00000, 34429
TITLE	D
NAME	BLACKSHEAR, JAMES P
STREET ADDRESS	8111 W GULF-TO-LAKE HWY
CITY-ST-ZIP	CRYSTAL RIVER, FL 00000, 34429
TITLE	V
NAME	DAVIS, ROBERT M
STREET ADDRESS	8111 W GULF TO LAKE HWY
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429
TITLE	ST
NAME	BLACKSHEAR, JAME P
STREET ADDRESS	8111 W GULF TO LAKE HWY
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

Robert Davis

Robert Davis - VP

4-8-04 352-795-9722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #