

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # F01000002120	
1. Entity Name ENDURIS EXTRUSIONS, INC.	

Principal Place of Business 7167 OLD KINGS RD JACKSONVILLE, FL 32219	Mailing Address 7167 OLD KINGS RD JACKSONVILLE, FL 32219
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DO NOT WRITE IN THIS SPACE



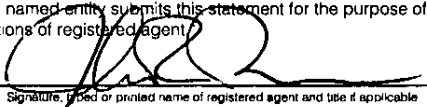
02262008 No Chg-P CR2E034 (11/05)

4. FEI Number 91-1874202	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent POLIDAN, JOHN 7167 OLD KINGS RD N JACKSONVILLE, FL 32219
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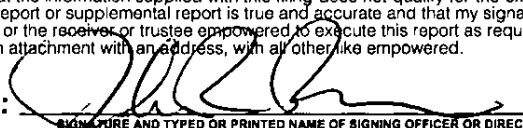
DO NOT WRITE IN THIS SPACE

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: 	DATE: 4/15/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HEMINGWAY, JON 1131 SW KLINKITAT WAY SEATTLE, WA 98134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DONCKERS, LARRY 1131 SW KLINKITAT WAY SEATTLE, WA 98134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO SMITH, DELLA L 7167 OLD KINGS RD N JACKSONVILLE, FL 32219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: 	Date: 4/15/08 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	