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	Mailing Address
7167 OLD KINGS RD JACKSONVILLE, FL 32219	7167 OLD KINGS RD JACKSONVILLE, FL 32219

DO NOT WRITE IN THIS SPACE

02262008 No Chg-P CR2E034 (11/05)

4. FEI Number
91-1874202
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

POLIDAN, JOHN
7167 OLD KINGS RD N
JACKSONVILLE, FL 32219

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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.

SIGNATURE _____ 4/15/08
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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000001-0001(2)
04/23/08-80016-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	HEMINGWAY, JON
STREET ADDRESS	1131 SW KLICKITAT WAY
CITY-ST-ZIP	SEATTLE, WA 98134
TITLE	ST
NAME	DONCKERS, LARRY
STREET ADDRESS	1131 SW KLICKITAT WAY
CITY-ST-ZIP	SEATTLE, WA 98134
TITLE	CFO
NAME	SMITH, DELLA L
STREET ADDRESS	7167 OLD KINGS RD N
CITY-ST-ZIP	JACKSONVILLE, FL 32219
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: _____ 4/15/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #