


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90206 020 \*\*\*150.00

<b>DOCUMENT # J15850</b>		
1. Entity Name BAY ALUMINIUM, INC.		

Principal Place of Business 3845 4097 BAYSHORE DR. NAPLES, FL 34112	Mailing Address 3745 4097 BAYSHORE DR. NAPLES, FL 34112
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Phone 239-775-154039031



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2709422	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  DUNN, PATRICIA M. 4097 BAYSHORE DR. NAPLES, FL 34112
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUNN, PATRICIA M. 4097 BAYSHORE DR. NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUNN, ROBERT A 4097 BAYSHORE DR. NAPLES, FL 34112
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**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: <u>Robert A. Dunn President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>2-24-04</u>	Daytime Phone # <u>239-775-1711</u>
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Robert A. DUNN