


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J23310</b> 1. Entity Name <b>JEM ALUMINUM PRODUCTS OF ST. PETERSBURG INC.</b>	
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Principal Place of Business <b>6900 49<sup>TH</sup> ST. N. PINELLAS PARK, FL 33781 US</b>	Mailing Address <b>6900 49 ST. N. PINELLAS PARK, FL 34665</b>
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**DO NOT WRITE IN THIS SPACE**

01092004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1882920</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DECOSMO, GARY A.  
6900 49TH STREET NORTH  
PINELLAS PARK, FL 33781**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000088979</b> <b>03/15/04 80075 001 395.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD DECOSMO, JOHN A. 13402 PEACE BLVD. SPRINGHILL, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VSTD DECOSMO, MICHAEL A., JR. 6225 20TH ST. S. ST. PETERSBURG, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 exemption stated in Section 119.07(3)(c), 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: **3/11/04** DAYTIME PHONE: **727-521-2675**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR