

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 28, 2005 08:00 AM
Secretary of State**

DOCUMENT # J23310

1. Entity Name
JEM ALUMINUM PRODUCTS OF ST. PETERSBURG INC.



Principal Place of Business
6900 49 ST. N.
PINELLAS PARK, FL 33781 US

Mailing Address
6900 49 ST. N.
PINELLAS PARK, FL 34665



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1882920

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 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

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, 2005 Fee will be \$550.00

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

1000000277982
03/28/05-80009-001 150.00

10. OFFICERS AND DIRECTORS

| | |
|-----------------------|--------------------------|
| TITLE | PD |
| NAME | DECOSMO, JOHN A. |
| STREET ADDRESS | 13402 PEACE BLVD. |
| CITY-ST-ZIP | SPRINGHILL, FL |
| TITLE | VSTD |
| NAME | DECOSMO, MICHAEL A., JR. |
| STREET ADDRESS | 6225 20TH ST. S. |
| CITY-ST-ZIP | ST. PETERSBURG, FL |
| 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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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/24/05 727-521-2678