# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 12, 2004 8:00 am**
**Secretary of State**
04-12-2004 90241 046 ***150.00

54030255

DOCUMENT # J50701

1. Entity Name
ARVIN ALUMINUM, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 21 ARLINGTON RD<br>SUITE 1<br>JACKSONVILLE, FL 32211 | 21 ARLINGTON RD<br>SUITE 1<br>JACKSONVILLE, FL 32211 |

03112004 Chg-P CR2E034 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1530 WHITLOCK AVENUE | 1530 WHITLOCK AVENUE |
| Suite, Apt. #, etc.<br>SUITE 1 | Suite, Apt. #, etc.<br>SUITE 1 |
| City & State<br>JACKSONVILLE, FL | City & State<br>JACKSONVILLE, FL |
| Zip 32211 Country DUVAL | Zip 32211 Country DUVAL |

4. FEI Number
59-2751694
☐ Applied For
☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| ARVIN, DANIEL<br>21 ARLINGTON RD<br>STE 1<br>JACKSONVILLE, FL 32211 | Name: ARVIN, DANIEL<br>Street Address (P.O. Box Number is Not Acceptable): 1530 WHITLOCK AVENUE<br>SUITE 1<br>City: JACKSONVILLE FL Zip Code: 32211 |

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
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, 2004 Fee will be $550.00**

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

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PS<br>ARVIN, DANIEL<br>2240 IVYLGAIL DR W<br>JACKSONVILLE, FL 32225 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>ARVIN, DAVID<br>12964 JULINGTON RIDGE DR E<br>JACKSONVILLE, FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ARVIN, DARRELL<br>6306 LENCZYK DR<br>JACKSONVILLE, FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>ARVIN, DARRELL<br>632 SAND ISLES CIRCLE<br>PONTE VEDRA BEACH, FL 32082 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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:** DANIEL ARVIN Daniel Arvin 4/8/04 904744 6135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #