2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2005 08:00 AM
Secretary of State

DOCUMENT # J50701

1. Entity Name
ARVIN ALUMINUM, INC.

Principal Place of Business	Mailing Address
1530 WHITLOCK AVENUE SUITE 1 JACKSONVILLE, FL 32211	1530 WHITLOCK AVENUE SUITE 1 JACKSONVILLE, FL 32211

07012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

ARVIN, DANIEL
1530 WHITLOCK AVENUE
SUITE 1
JACKSONVILLE, FL 32211

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	ARVIN, DANIEL
STREET ADDRESS	2240 IVYLGAIL DR W
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	T
NAME	ARVIN, DAVID
STREET ADDRESS	12964 JULINGTON RIDGE DR E
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	ARVIN, DARRELL
STREET ADDRESS	632 SAND ISLES CIRCLE
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000376749
08/19/05-80004-017 550.00

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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)(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 8/17/05 904 744 6135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #