

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90069 002 ***150.00

DOCUMENT # J67513

1. Entity Name

ED SENEZ ALUMINUM SPECIALIST, INC.



Principal Place of Business

**720 N. VOLUSIA AVE.
ORANGE CITY FL 32763
US**

Mailing Address

**PO BOX 279
CASSADAGA FL 32706
US**

2. Principal Place of Business

3. Mailing Address

720 N. VOLUSIA AV.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ORANGE CITY,

City & State

City & State

FLORIDA

Zip

Country

Zip

Country

32763

USA

4. FEI Number

59-2804657

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

**RAY, T. HULEN
216 W HOWRY AV
DELAND FL 32720**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
Make Check Payable to Florida Department of State**

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 **DP** ☐ Delete
NAME **SENEZ, EDMOND R.**
STREET ADDRESS **PO BOX 279 N/A**
CITY-ST-ZIP **CASSADAGA FL**

TITLE **DP** ☐ Change ☐ Addition
NAME **Senez, Edmond R.**
STREET ADDRESS **720 N Volusia Avenue**
CITY-ST-ZIP **Orange City, FL 32763**

TITLE **ST** ☒ Delete
NAME **SENEZ, FRANCES G.**
STREET ADDRESS **PO BOX 279 N/A**
CITY-ST-ZIP **CASSADAGA FL**

TITLE **ST** ☒ Change ☐ Addition
NAME **Senez, Jr., Edmond R.**
STREET ADDRESS **1017 New Bedford Drive**
CITY-ST-ZIP **DeLand, FL 32724**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Edmond R. Senez (Edmond R. Senez) for 1/31/05 775-4915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #