## **ANNUAL REPORT**

## **DOCUMENT # K12244**

1. Entity Name

BONDED ALUMINUM INDUSTRIES, INC.



Principal Place of Business

Mailing Address

517 20TH AVE .

517 20TH AVE.

INDIAN ROCKS BEACH, FL 33785

INDIAN ROCKS BEACH, FL 33785 US

**FILED** Feb 08, 2008 08:00 AN Secretary of State



## DO NOT WRITE IN THIS SPACE

01162008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2868517

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUZICKA, RICHARD JR. 517 20TH AVENUE ' INDIAN ROCKS BEACH, FL 33785			IN THIS SPACE		
	named entity submits this statement for the pitions of registered agent.	urpose of changing its registere	ed office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title if	West and the second			
After M	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar     Trust Fund Contribution.	d Agent signature required when reinstating)  acing \$5.00 May Be Added to Fees	<u> </u>	
10.	OFFICERS AND DIREC	TORS		in the second second	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUZICKA, RICHARD, JR. 517 20TH AVENUE INDIAN ROCKS BEACH, FL 33785				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS RUZICKA, BONNIE 517 20TH AVENUE INDIAN ROCKS BEACH, FL 33785				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			1 4		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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 of the deceiver 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 attain ment with an address, with all other like empowered.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNARD OFFICER OR DIRECTOR