


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L21667 1. Entity Name F & R ALUMINUM INC.	
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Principal Place of Business 12077 S.E. 89TH TERR. BELLEVIEW, FL 34420	Mailing Address POST OFFICE BOX 1023 BELLEVIEW, FL 34421
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DO NOT WRITE IN THIS SPACE



03302004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3013897	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CIAMPI, RONALD 12077 SE 89TH TERRACE BELLEVIEW, FL 34420	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT CIAMPI, RONALD 12077 SE 89TH TERRACE BELLEVIEW, FL 34420
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS CIAMPI, LORETTA 12077 SE 89TH TERRACE BELLEVIEW, FL 34420
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GENOVA, LARRY 74 BAHIA TRACE TRAIL OCALA, FL 34472
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000109024
04/12/04-80026-016 150.00

**DO NOT WRITE
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)(f), 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: <i>Loretta Ciampi</i> LORETTA CIAMPI <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>4-7-04</i> 352/245-0122 <small>Date Daytime Phone #</small>
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