2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State
04-27-2006 90149 003 ***150.00

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1. Entity Name
F & R ALUMINUM INC.

Principal Place of Business	Mailing Address
12077 S.E. 89TH TERR. BELLEVIEW, FL 34420	POST OFFICE BOX 1023 BELLEVIEW, FL 34421

400

04042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3013897
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CIAMPI, RONALD
12077 SE 89TH TERRACE
BELLEVIEW, FL 34420

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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 $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	CIAMPI, RONALD
STREET ADDRESS	12077 SE 89TH TERRACE
CITY-ST-ZIP	BELLEVIEW, FL 34420
TITLE	VP$
NAME	CIAMPI, LORETTA
STREET ADDRESS	12077 SE 89TH TERRACE
CITY-ST-ZIP	BELLEVIEW, FL 34420
TITLE	D
NAME	GENOVA, LARRY
STREET ADDRESS	74 BAHIA TRACE TRAIL
CITY-ST-ZIP	OCALA, FL 34472
TITLE	
NAME	SHARON GUILLIAMS
STREET ADDRESS	8797 SE 120th PL
CITY-ST-ZIP	BELLEVIEW FL 34420
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: Ronald Ciampi 4-17-06 352-245-5437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #