

# ANNUAL REPORT

DOCUMENT # L39412

1. Entity Name  
ALUMINATE ALUMINUM PRODUCTS, INC.



Principal Place of Business  
625 S LAKESHORE WAY  
LAKE ALFRED, FL 33850 US

Mailing Address  
625 S LAKESHORE WAY  
LAKE ALFRED, FL 33850 US

**FILED**  
**Mar 29, 2004 08:00 AM**  
**Secretary of State**



01202004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2980111 Applied For Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

HAMMOND, DALE  
1302 ARIANA WOODS CIRCLE  
AUBURNDALE, FL 33823

**DO NOT WRITE  
IN THIS SPACE**

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, type 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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HAMMOND, DALE
STREET ADDRESS	1302 ARIANA WOODS CIRCLE
CITY-ST-ZIP	AUBURNDALE, FL 33823
TITLE	D
NAME	HAMMOND, SHERRY
STREET ADDRESS	1302 ARIANA WOODS CIRCLE
CITY-ST-ZIP	AUBURNDALE, FL 33823
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000098972  
03/24/04-80063-023 150.00

**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 19.07(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:

*Dale Hammond* *Sherry Hammond* 3/24/04 03 221  
4985