## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 16, 2004 8:00 am Secretary of State

		ANNU	AL REPORT					Secre	ıary	01.2	otate
DOCUMENT # L64869  1. Entity Name							04-16-2004 90068 003 ***150.00				
HOWE R	ESCREE	NING & ALUM	INUM, INC.								
Principal Plac	e of Business	3	Mailing Address		l						·
12920 WALSINGHAM RD				12920 WALSINGHAM RD			,		1	40040	198
UNIT D LARGO, FL 34644				UNIT D Largo, Fl 34644							
2. Principal Place of Business			3. Mailing Address	3. Mailing Address							
Suite, Apt. #. etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			04012004	Chg-P	CR2E	034 (10/03)	
City & State			City & State	City & State			4. FEI Numbe 59-3002				oplied For ot Applicable
Zip		Country	Zip	Coun	itry	•, •, •,		of Status Desired		\$8.75 Add	ditional
6. Name and Address of Current Registered Agent							7. Name and	Address of New R	egistered		
										<u> </u>	
HOWE, S1 12920 WA UNIT D	LSINGHA	M RD		Street Address			P.O. Box Numbe	r is Not Acceptable	e)		
LARGO, F	L 34644							****			
.t.				City				FI	_		
'8. The above the obligat	e named entity tions of regist	submits this statem ered agent.	ent for the purpose of changing i	ts register	ed office or	r register	ed agent, or both	n, in the State of Flo	orida. I am	ı familiar with,	and accept
SIGNATURE	Signature, typed	or printed name of registered	d agent and title if applicable. (NC	OTE: Registere	d Agent signat	ure required	when reinstating)		DATE	- up to 25 i and made	
istalia aras	Bag I W	eastrate Inte	STRONG CHREST L. DO	MESTS.	· white	My 1 3 10 4	Co. 13.5 1 Transfer to	erinerile de la	37.45.25 37.45.25	na skiet. Referen	
FIL After M	E NOW!!! ay 1, 2004	FEE IS \$150.00 Fee will be \$	9. Election Camp 550.00	aign Einar ntribution	icing	\$5. Add	00 May Be 6				
10.		OFFICERS	AND DIRECTORS	11.	<del></del>	<u> </u>	ADDITIONS/	CHANGES TO OFF	ICERS AN	D DIRECTOR	S IN 11
TITLE	PTDS		☐ Delete	TITLE	E	VP/		r secretai		☐ Change	<b>X</b> Addition
NAME STREET ADDRESS		VE, STEVEN K.		NAM			, WANDA				
CITY-ST-ZIP	· · · · · · · -							gham Road	, Uni	t D	
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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 emplowered 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 attachmen with my address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY - ST- ZIP

Steven K. Howe,

owe President

4-14-04 7:

727-596.969

Daytime Phone #