

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90038 009 ***150.00

DOCUMENT # M73710

1. Entity Name

STEPHENSON ENTERPRISES ALUMINUM, INC.



Principal Place of Business

6650-B TREELAND AVE., NORTH
LARGO, FL 33773 US

Mailing Address

6650-B TREELAND AVE., NORTH
LARGO, FL 33773 US

DO NOT WRITE IN THIS SPACE



01202005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-2878519

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEPHENSON, KENNETH
10326 57TH WAY NORTH
PINELLAS PARK, FL ~~33770~~ 33782

**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, typed 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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STEPHENSON, KENNETH E
STREET ADDRESS	10326 57TH WAY NORTH
CITY-ST-ZIP	PINELLAS PARK, FL 33770 33782
TITLE	VP
NAME	STEPHENSON, JEREMY R
STREET ADDRESS	6650-B TREELAND AVE., NORTH
CITY-ST-ZIP	LARGO, FL 33773
TITLE	T
NAME	STEPHENSON, TRAVIS E
STREET ADDRESS	6650-B TREELAND AVE. NORTH
CITY-ST-ZIP	LARGO, FL 33773
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KEN STEPHENSON

1-25-05

727 534-0746