


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 07, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M73710</b> 1. Entity Name <b>STEPHENSON ENTERPRISES ALUMINUM, INC.</b>	
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Principal Place of Business <b>6650-B TREELAND AVE., NORTH LARGO, FL 33773 US</b>	Mailing Address <b>6650-B TREELAND AVE., NORTH LARGO, FL 33773 US</b>
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01042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2878519</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
  
**STEPHENSON, KENNETH  
10326 57TH WAY NORTH  
PINELLAS PARK, FL 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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEPHENSON, TRAVIS 12733 115TH STREET NORTH LARGO, FL 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEPHENSON, KENNETH 10326 57TH WAY NORTH PINELLAS PARK, FL 33784
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEPHENSON, JEREMY 13499 126TH AVENUE NORTH LARGO, FL 33774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MANESS, LARRY 5245 78TH STREET NORTH ST. PETERBURG, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/07/08-80021-003 150.00

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:**  **KEN STEPHENSON** **1-4-08** **727-538-0776**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #