## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # N02000002852

1. Entity Name ALUMS, INC.



## **FILED** Feb 04, 2008 8:00 am **Secretary of State**

02-04-2008 90029 022 \*\*\*\*61.25

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P.O. BOX 21823			PO B	Mailing Address PO BOX 21813 SARASOTA, FL 34276			<b>ឬប</b> ប*~							
2. Principal P	Place of Busine	ss - No P.O. Box #	3. Mail	ing Address						j <b>i bi</b> ri <b>di</b> rif i	LL)   <b>11</b>	LENE (1201 )E	<b>         </b>	D)(D)
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01182008	Chg	-NP	CR	2E037 (1	12/06)		
City & State			City & State					4. FEI Number						
Zip	Zip Country		Zip	Zip Co				5. Certificate	e of Statu	ıs Desired	ı 🗆		75 Ad Require	
	6. Name a	and Address of Current	Registere	d Agent				7. Name and	d Addres	ss of New	Registe	ered Ager	nt	
MAY, ELA	INE					Name								
8035 COL	LINGWOOI ITY PARK, I	-				Street A	ddress (f	P.O. Box Numb	per is No	t Acceptal	ble)	1-F-1		
						ł								
						City						FL	Zip Coc	ie
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.										, and accept				
SIGNATURE	Signature, typed or	r printed name of registered agent	and title if app	#cable. (NOTE	: Registere	d Agent signet	lure required	when reinstating)				ATE		
				•										
	_	is \$61.25 ay 1, 2008		9. Election Car Trust Fund C		_		\$5.00 May I Added to Fees		Fi		check pa epartme	-	
10.	Due by Ma		RECTORS			_			<u> </u>		orida D	epartme	nt of S	tate
TITLE	PD PD	OFFICERS AND DI	RECTORS		11.	ion. 	PD	Added to Fees	HANGES	TO OFFIC	orida D CERS AN	epartme ID DIREC	nt of S	tate
	Due by Ma	OFFICERS AND DI	RECTORS	Trust Fund C	11.	ion. 	PD	Added to Fees	HANGES	TO OFFIC	orida D CERS AN	epartme ID DIREC	nt of S	N 10
TITLE	PD GILMARTIN 5564 BILBO	OFFICERS AND DI	RECTORS	Trust Fund C	11. TITU	ion.	PD PER 4815 SAR	Added to Fees	HANGES OY TME	TO OFFIC	C IR	epartme ID DIREC	nt of S	N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD GILMARTIN 5564 BILBO SARASOTA	OFFICERS AND DIE OFFICERS AND DIE N, ANNE DA PL A, FL 34238	RECTORS	Trust Fund C	11. TITLE NAM STRE CITY	E E EET ADDRESS -ST-ZIP	PD PER 4815 SAR	Added to Fees DDITIONS/CH KINS, TO SWEET ASD TA,	HANGES  OY  TME  FL:	TO OFFIC ADOW 3 42 3	CIR	epartme	TORS IN Change	N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD GILMARTIN 5564 BILBO SARASOTA VPD PERKINS,	OFFICERS AND DIE OFFICERS AND DIE N, ANNE DA PL A, FL 34238	RECTORS	Trust Fund C	11. TITLE NAM STRE CITY TITLE NAM	EE EET ADDRESS -ST-ZIP EE	PD PER 4815 SAR VPD	Added to Fees DDITIONS/CH KINS, TO SWEET ASD TA, BOCHERS	HANGES  OY  TME  FL  SMI	TO OFFICE ADOW 3423 4RY	CIR B ANN	id direc	TORS IN Change	N 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD GILMARTIN 5564 BILBO SARASOTA VPD PERKINS, 4815 SWEI	OFFICERS AND DIE OFFICERS AND DIE N, ANNE DA PL A, FL 34238	RECTORS	Trust Fund C	11. TITLI NAM STRE CITY TITLI NAM STRE	E E EET ADDRESS -ST-ZIP	PD PER 4815 SAR VPD DESI	Added to Fees DDITIONS/CH KINS, TO SWEET ASD TA, ROCHERS BUCC,	HANGES  OY  TME  FL:  S, M,  ANE	TO OFFICE ADOW 3423 ARY,	CIR  R  R  R  R  R  R  R  R  R  R  R  R	id direc	TORS IN Change	N 10 Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD GILMARTIN 5564 BILBO SARASOTA VPD PERKINS, 4815 SWEI SARASOTA SD SCHAPER,	OFFICERS AND DIE  OFFICERS AND DIE  N, ANNE  DA PL  A, FL 34238  JOY  ETMEADOW CIR  A, FL 34238	RECTORS	Trust Fund C	11. ITITLI NAM STRE CITY TITLI NAM STRE CITY NAM STRE CITY	E E E E E E E E E E E E E E E E E E E	PD PER 4815 SAR VPD DESI	Added to Fees DDITIONS/CH KINS, TO SWEET ASD TA, ROCHERS BUCC,	HANGES  OY  TME  FL:  S, M,  ANE	TO OFFICE ADOW 3423 ARY,	CIR  R  R  R  R  R  R  R  R  R  R  R  R	D DIRECT	TORS IN Change Change	tate N 10  ☐ Addition  Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD GILMARTIN 5564 BILBO SARASOTA 4815 SWEE SARASOTA 4955 FALLO SARASOTA TD MAY, ELAII 8035 COLL	OFFICERS AND DII  N, ANNE DA PL A, FL 34238  JOY ETMEADOW CIR A, FL 34238  MARCIA CREST CIR A, FL 34233  NE INGWOOD CT	RECTORS	Trust Fund C	TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE	ion.  E E E E E E E E E E E E E E E E E E	PD PER 4815 SAR VPD DESI	Added to Fees DDITIONS/CH KINS, TO SWEET ASD TA, ROCHERS BUCC,	HANGES  OY  TME  FL:  S, M,  ANE	TO OFFICE ADOW 3423 ARY,	CIR  R  R  R  R  R  R  R  R  R  R  R  R	D DIRECT	TORS IN Change Change Change	N 10 Addition Addition Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GILMARTIN 5564 BILBO SARASOTA VPD PERKINS, 4815 SWEI SARASOTA TD MAY, ELAII 8035 COLL UNIVERSIT D RONINGEN 5174 LITTL SARASOTA D	OFFICERS AND DII N, ANNE DA PL A, FL 34238  JOY ETMEADOW CIR A, FL 34238  MARCIA CREST CIR A, FL 34233  NE INGWOOD CT TY PARK, FL 34201  N, BRENDA LE BROOK CT A, FL 34238	RECTORS	Trust Fund C	TITLE NAM STRE CITY TITLE TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE TITLE TITLE TITLE TITLE TITLE	ion.  E E E E E E E E E E E E E E E E E E E	PD PER 4815 SAR VPD DESI 1808 SAR DESI 1808 SAR	Added to Fees DDITIONS/CH KINS, JO SWEET ASOTA, BOCHERS BUCCO, ASOTA, ASOTA, ASOTA, ASOTA, ASOTA,	HANGES  OY  TME  FL  S, Mi  ANAC  ANAC  APL	10 OFFICE A DUW 3 42 3 42 7 7 1 3 42 2 1	CIR CIR 8 ANN ERRA	PACE	TORS IN Change Change Change	Addition  Addition  Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GILMARTIN 5564 BILBO SARASOTA VPD PERKINS, 4815 SWEE SARASOTA SD SCHAPER, 4955 FALLI SARASOTA DRONINGEN 5174 LITTL SARASOTA DAMS, JUADAMS, JUADA	OFFICERS AND DII N, ANNE DA PL A, FL 34238  JOY ETMEADOW CIR A, FL 34238  MARCIA CREST CIR A, FL 34233  NE INGWOOD CT TY PARK, FL 34201  N, BRENDA LE BROOK CT A, FL 34238	RECTORS	Trust Fund C	TITLE NAME STREE CITY NAME STREET NAME STREE	ion.  E E E E E E E E E E E E E E E E E E E	PD PER 4813 SAR VPD DESI 1809 SAR DEILM 5501 SAR	Added to Fees DDITIONS/CH KINS, JO SWEET ASOTA, BOCHERS OBUCC, ASOTA, ASOTA, BUCCC, BU	HANGES  OY  TME  FL  S, Mi  ANNE  FL  PRAIN	10 OFFICE WARY 1 3 42 :	CIR CIR 8 ANIV ERRI	PACE	TORS IN Change Change Change Change	Addition  Addition  Addition

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 617, 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:	claine	mary	<u> </u>
	SIGNATURE AND TYPE	ED OR PRINTED N	IAME OF SIGNING OFFICER OR DIRECTOR

1/29/04 (941) 360-1423
Date Daytime Phone #