

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000014052

1. Entity Name
PRESTIGE ALUMINUM, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 MAR 29 PM 12:32

Principal Place of Business
1461 NW 25TH DR
OKEECHOBEE, FL 34972

Mailing Address
1461 NW 25TH DR
OKEECHOBEE, FL 34972

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03202007

Chg-P

CR2E034 (12/06)

4. FEI Number

36-1260484

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMMONS, SR, ROLLAND E
3214 SE 25TH ST
OKEECHOBEE, FL 34974

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D/P
AMMONS, SR, ROLLAND E
STREET ADDRESS
3214 SE 25TH ST
CITY-ST-ZIP
OKEECHOBEE, FL 34974

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400096442754
04/11/07--01016--015 **70.00

☐ Change ☐ Addition

TITLE
NAME
VP
AMMONS, JR, ROLLAND E
STREET ADDRESS
3214 SE 25TH ST
CITY-ST-ZIP
OKEECHOBEE, FL 34974

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
VP
AMMONS, RANDY E
STREET ADDRESS
3214 SE 25TH STREET
CITY-ST-ZIP
OKEECHOBEE, FL 34974

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V. AMMONS ROBBIN E
408 N W 17 ST
OKEECHOBEE, FL 34972

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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 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

3/26/07 7726338038

Date

Daytime Phone #