

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90132 029 \*\*\*150.00



**DOCUMENT # P0000040895**

1. Entity Name

**JET ALUMINUM SALES & SERVICE INC.**

Principal Place of Business  
 1403 SE 11TH ST  
 CAPE CORAL FL 33990

Mailing Address  
 1403 SE 11TH ST  
 CAPE CORAL FL 33990

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1017710**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BURCHETTA, THOMAS E**  
 1403 SE 11TH ST  
 CAPE CORAL FL 33990

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

**FILE NOW!!! FEE IS \$150.00**

**After May-1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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 **D**  Delete  
 NAME **BURCHETTA, THOMAS E**  
 STREET ADDRESS **1202 NE PINE ISLAND RD #N**  
 CITY-ST-ZIP **CAPE CORAL FL 33909**

TITLE  Change  Addition  
 NAME **Burchetta, Thomas E**  
 STREET ADDRESS **1403 SE 11th St.**  
 CITY-ST-ZIP **Cape Coral, FL 33990**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 CITY-ST-ZIP

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TITLE  Change  Addition  
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 CITY-ST-ZIP

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: *Thomas E. Burchetta* **Thomas E. Burchetta** 4-6-05 239-574-4855  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #