

05/03/2004 04:36 3864370794

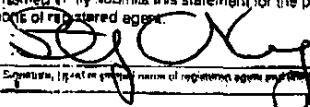
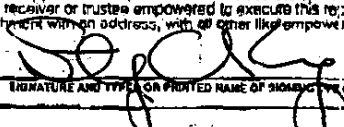
05/03/2004 MON 12:10 FAX 386 274 2757

VESTON GREGORY DURAN

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90218 004 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P00000047637			
1. Entity Name FLAGLER ALUMINUM, INC.			
Principal Place of Business 903 HIBISCUS ST BUNNELL, FL 32110		Mailing Address PO BOX 246 FLAGLER BEACH, F. 32116-0246	
2. Principal Place of Business 903 HIBISCUS AVE		3. Mailing Address P.O. Box 246	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Bunnell FL		City & State FLAGLER BEACH FL	
Zip 32110		Zip 32136	
Country USA		Country	
4. FEI Number 59-3649490		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.7 Fee		Additional juried	
6. Name and Address of Current Registered Agent KENNY, STEPHEN C 903 HIBISCUS ST BUNNELL, FL 32110		7. Name and Address of New Registered Agent 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 		STEPHEN C KENNY PRESIDENT DATE 5-1-04	
FILE NOW!! FEE IS \$550.00 Due by September 8, 2004		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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Kenny, Stephen C 2023 S. FLAGLER AVE. FLAGLER BEACH, FL 32136		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 as changed, or on an attachment with an address, with or other like empowered.			
SIGNATURE: 		STEPHEN C KENNY PRESIDENT DATE 5-1-04 (386)437-7182	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAY MONTH YEAR	