

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000062490

1. Entity Name

MR. ED'S ALUMINUM CENTER, INC.



Principal Place of Business
4349 LOUIS AVENUE
HOLIDAY FL 34691

Mailing Address
4349 LOUIS AVENUE
HOLIDAY FL 34691



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt # etc.

City & State

City & State

4. FEI Number
59-3728889

Applied For
Not Applicable

Zip

Country

Zip

Country

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

WILSON, JILL A
4349 LOUIS AVENUE
HOLIDAY FL 34691

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

Jill A. Wilson
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-28-04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
HENSLEY, EDWARD D
4349 LOUIS AVENUE
HOLIDAY FL 34691 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VSD
HENSLEY, FRANK A
4349 LOUIS AVENUE
HOLIDAY FL 34691 ☐ Delete

TITLE
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U000000047866
02/12/04-80057-022 150.00

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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: *Edward D. Hensley* EDWARD D. HENSLEY

1-26-04 727-943-7711