

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90025 009 \*\*\*150.00

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03172008 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P01000109954</b> 1. Entity Name <b>GENERAL ALUMINUM, INC.</b>			
Principal Place of Business <b>3260 W KEVIN LANE LECANTO, FL 34461</b>		Mailing Address <b>3260 W KEVIN LANE LECANTO, FL 34461</b>	
2. Principal Place of Business - No P.O. Box # <b>2218 N. WATERSEDGE DRIVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>2218 N. WATERSEDGE DRIVE</b> Suite, Apt. #, etc.	
City & State <b>CRYSTAL RIVER FL</b> Zip <b>34429</b>		City & State <b>CRYSTAL RIVER, FL</b> Zip <b>34429</b>	
4. FEI Number <b>06-1635591</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CLARDY, JOHN S III 521 W. FORT ISLAND TRAIL CRYSTAL RIVER, FL 34429</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE ____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PHILLIPS, RICHARD J 3260 W KEVIN LANE LECANTO, FL 34461	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BOZINOY, YURY 3709 ST HAMILTON PKWY BROOKLYN, NY 11218	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CHERYL PHILLIPS 2218 N. WATERSEDGE DRIVE CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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.			
<b>SIGNATURE:</b>		<b>CHERYL PHILLIPS</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>04.10.08</b> Daytime Phone # <b>352-563-0500</b>	