

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90089 005 \*\*\*158.75

**DOCUMENT # P02000021848**

1. Entity Name

**FIRST CHOICE ALUMINUM, INC.**



Principal Place of Business

**2809 S LENNA AVE  
SEFFNER FL 33584**

Mailing Address

**2809 S LENNA AVE  
SEFFNER FL 33584**

2. Principal Place of Business

**209 Tech Blvd.**

3. Mailing Address

**P.O. Box 474**

Suite, Apt. #, etc.

**101**

Suite, Apt. #, etc.

City & State

**Tampa, FL**

City & State

**Seffner**

Zip

**33619**

Country

**U.S.**

Zip

**33583**

Country

**U.S.**



MOORE

CR2E034 (11/03)

4. FEI Number

**73-1629611**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**NELSON, SCOTT F  
200 S HOOVER BLVD  
BLDG 201, STE 140  
TAMPA FL 33609**

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

\*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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	JOHNSON, SHANE	
STREET ADDRESS	2809 S LENNA AVE	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	S	<input type="checkbox"/> Delete
NAME	JOHNSON, SARA	
STREET ADDRESS	2809 S. LENNA AVE.	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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

Date

Daytime Phone #