

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000022681**

1. Entity Name

A TO Z ALUMINUM PRODUCTS, INC.



Principal Place of Business

POST OFFICE BOX 192  
ZEPHYRHILLS, FL 33539

Mailing Address

POST OFFICE BOX 192  
ZEPHYRHILLS, FL 33539



03172004 No Chg-P CR2E034 (10/03)

4. FEI Number  
04-3618230

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

GROTHER, DEBORAH L  
7035 US HIGHWAY SOUTH  
RIVERVIEW, FL 33569

**DO NOT WRITE  
IN THIS SPACE**

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000095368  
03/24/04-80028-019 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VD  
HAMMOND, OSCAR  
12807 CIRCLE LAKE DRIVE  
HUDSON, FL 34669

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
HAMMOND, DAVID  
PO BOX 192  
ZEPHYRHILLS, FL 33539

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TD  
HAMMOND, DANIEL  
12807 CIRCLE LAKE DRIVE  
HUDSON, FL 34669

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 605, 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

3/19/04

813 715-7523