

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000022681

1. Entity Name
A TO Z ALUMINUM PRODUCTS, INC.



FILED
Aug 02, 2006 08:00 AM
Secretary of State

Principal Place of Business

POST OFFICE BOX 192
ZEPHYRHILLS, FL 33539

Mailing Address

POST OFFICE BOX 192
ZEPHYRHILLS, FL 33539



07292006 No Chg-P CR2E034 (11/05)

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)

U00000573110

08/02/06-80002-021 150.00

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

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

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

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

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Hammond

7/31/06

813-618-0435

Date

Daytime Phone #