

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000022681

FILED  
Jan 21, 2008  
Secretary of State

Entity Name: A TO Z ALUMINUM PRODUCTS, INC.

## Current Principal Place of Business:

POST OFFICE BOX 192  
ZEPHYRHILLS, FL 33539

## New Principal Place of Business:

1834 CRAVEN DR.  
SEFFNER, FL 33584

## Current Mailing Address:

POST OFFICE BOX 192  
ZEPHYRHILLS, FL 33539

## New Mailing Address:

P.O. BOX 732  
BRANDON, FL 33509

FEI Number: 04-3618230

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

HAMMOND, OSCAR D  
1834 CRAVEN DR.  
SEFFNER, FL 33584 US

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.

SIGNATURE: OSCAR D. HAMMOND

01/21/2008

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HAMMOND, DAVID  
Address: PO BOX 192  
City-St-Zip: ZEPHYRHILLS, FL 33539

Title: TD ( ) Delete  
Name: HAMMOND, DANIEL  
Address: 12807 CIRCLE LAKE DRIVE  
City-St-Zip: HUDSON, FL 34669

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HAMMOND, DAVID  
Address: PO BOX 732  
City-St-Zip: SEFFNER, FL 33584

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSCAR D. HAMMOND

PRES

01/21/2008

Electronic Signature of Signing Officer or Director

Date