2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000119435

1. Entity Name
COAST TO COAST ALUMINUM, INC.

Principal Place of Business	Mailing Address
3427 PINE TRACE CIRCLE	3427 PINE TRACE CIRCLE
VALRICO, FL 33594 US	VALRICO, FL 33594 US

11808 FANADALE Dr Riverview Fl 33569

03042003   No Chg-P   CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
16-1637557	Not Applicable

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

6. Name and Address of Current Registered Agent

HOMAN, MARGARET
7376 BROAD STREET
BROOKSVILLE, FL 34601

Tim Steiner of 11808 Fanadale Dr Riverview Fl 33569

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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 *5/17/04*

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STEINER, TIM
STREET ADDRESS	3427 PINE TRACE CIRCLE
CITY-ST-ZIP	VALRICO, FL 33594

Steiner Tim 11808 Fanadale Dr Riverview Fl 33569

TITLE	
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CITY-ST-ZIP	

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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: _____   *5/17/04*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #