

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000017475

Entity Name: LAKESIDE ALUMINUM, INC.

FILED  
Apr 28, 2006  
Secretary of State

## Current Principal Place of Business:

10275 PYLANT DR.  
MOOR HAVEN, FL 33471

## New Principal Place of Business:

10275 PYLANT DR.  
MOORE HAVEN, FL 33471

## Current Mailing Address:

P.O. BOX 1000  
MOORE HAVEN, FL 33471

## New Mailing Address:

FEI Number: 65-1150575      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WEEKS, BRENDA L  
10275 PYLANT DR.  
MOOR HAVEN, FL 33471      US

## Name and Address of New Registered Agent:

WEEKS, BRENDA L  
10275 PYLANT DR.  
MOORE HAVEN, FL 33471      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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/28/2006

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WEEKS, BRENDA L  
Address: P.O. BOX 1000  
City-St-Zip: MOOR HAVEN, FL 33471

Title: V ( ) Delete  
Name: WEEKS, JAMES C  
Address: P.O. BOX 1000  
City-St-Zip: MOOR HAVEN, FL 33471

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: WEEKS, BRENDA L  
Address: P.O. BOX 1000  
City-St-Zip: MOORE HAVEN, FL 33471

Title: V (X) Change ( ) Addition  
Name: WEEKS, JAMES C  
Address: P.O. BOX 1000  
City-St-Zip: MOORE HAVEN, FL 33471

I hereby certify that the information supplied with this filing does not qualify for the 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: BRENDA L. WEEKS

P

04/28/2006

Electronic Signature of Signing Officer or Director

Date