

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000030649

FILED
Jan 15, 2009
Secretary of State

Entity Name: ALUMINUM CONSTRUCTORS OF JACKSONVILLE, INC.

Current Principal Place of Business:

9020 BERRY AVE., SUITE 1
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

9020 BERRY AVE., SUITE 1
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 51-0457756

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MILEY, JAMES H
13649 CANOE CT
JACKSONVILLE, FL 32226 US

Name and Address of New Registered Agent:

MILEY, JAMES H PRES
13649 CANOE CT
JACKSONVILLE, FL 32226 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: JAMES H. MILEY

01/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MILEY, JAMES H
Address: 13649 CANOE CT
City-St-Zip: JACKSONVILLE, FL 32226

Title: V () Delete
Name: MILEY, JAMES JR
Address: 13991 FISH EAGLE DR. E.
City-St-Zip: JACKSONVILLE, FL 32226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JAMES H. MILEY

PRES

01/15/2009

Electronic Signature of Signing Officer or Director

Date