

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000040967

1. Entity Name
ROMANS ALUMINUM, INC.



Principal Place of Business
5877 TREASURE LANE
GRANT, FL 32949

Mailing Address
5877 TREASURE LANE
GRANT, FL 32949



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2105976

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROMANS, RICHARD III
5877 TREASURE LANE
GRANT, FL 32949

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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)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

U000000596757
01/24/07-80009-003 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------|
| TITLE | PD |
| NAME | ROMANS, RICHARD III |
| STREET ADDRESS | 5877 TREASURE LANE |
| CITY-STATE-ZIP | GRANT, FL 32949 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-STATE-ZIP | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-STATE-ZIP | |

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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:

Richard L. Romans III
Richard L. Romans III

Richard L. Romans III
Richard L. Romans III

1-17-07 321-768-1190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #