

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000047850

FILED
Jun 30, 2005
Secretary of State

Entity Name: B & G CUSTOM ALUMINUM INC.

Current Principal Place of Business:

4460 SW 35TH TERR SUITE 103
GAINESVILLE, FL 32608 US

New Principal Place of Business:

4460 SW 35TH TERRACE
SUITE 103
GAINESVILLE, FL 32608 US

Current Mailing Address:

4460 SW 35TH TERR SUITE 103
GAINESVILLE, FL 32608 US

New Mailing Address:

4460 SW 35TH TERRACE
SUITE 103
GAINESVILLE, FL 32608 US

FEI Number: 74-3089562

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, ARTHUR W JR.
403 WEST MAIN ST.
ARCHER, FL, FL 32618 US

Name and Address of New Registered Agent:

BROWN, ARTHUR W JR.
120 SW 250TH STREET
NEWBERRY, FL, FL 32669 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:

06/30/2005

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: P (X) Delete
Name: GAMBLE, FRANK
Address: 6350 SE 186TH TERR
City-St-Zip: MORRISTON, FL 32668

Title: TS () Delete
Name: BOWERS, JAMES
Address: P.O. BOX 101
City-St-Zip: MICANOPY, FL 32667

Title: VP () Delete
Name: MOORE, GARY
Address: 7714 SW 92ND LN
City-St-Zip: GAINESVILLE, FL 32608 US

Title: VP (X) Delete
Name: GLOGOSKI, ANDREW
Address: P.O. BOX 101
City-St-Zip: MICANOPY, FL 32667

Title: SEC (X) Delete
Name: GAMBLE, DEBRA
Address: 6350 185 TR
City-St-Zip: WILLISTON, FL 32696

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TS (X) Change () Addition
Name: BOWERS, JAMES R
Address: P.O. BOX 101
City-St-Zip: MICANOPY, FL 32667

Title: VP (X) Change () Addition
Name: MOORE, GARY S
Address: 7714 SW 92ND LN
City-St-Zip: GAINESVILLE, FL 32608 US

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 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 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: GARY S. MOORE

VP

06/30/2005

Electronic Signature of Signing Officer or Director

Date