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SIGNATURE: &

2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P03000070215 07-27-2005 90046 039 ***150.00 ROGER'S ALUMINUM, INC. Principal Place of Business Mailing Address 1210 CARMEN AVE 50057862 1210 CARMEN AVE HOLLY HILL, FL -32117 HOLLY HILL, FL 32117 2. Principal Place of Business 3. Mailing Address 1540 Culverhouse Dr 1540 Culverhouse Dr 07182005 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For Paytong Beach λενΤοna 35-2209728 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROGERS, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 1210 CARMEN AVE HOLLY HILL, FL 32117 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature regulard when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 7, 2005 Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE TITLE ■ Addition ROGERS, STEPHEN NAME NAME 1540 Culverhouse Dr. 1210 CARMEN AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLY HILL, FL 32117 CITY-ST-ZIP Daytona Beach, FL 32117 ☐ Delete K Change HILE TITLE Addition NAME ROGERS, WILLIAM NAME 1540 Culverhouse Dr. STREET ADDRESS 1210 CARMEN AVE STREET ADDRESS HOLLY HILL, FL 32117 Daytona Brach, FL 32117 Snawn nelwy 1363 Wright St. CITY-ST-ZIP CITY-ST-ZIP Delete īm F TITLE □ Change Addition NAME BERRY, BRETT NAME 本132117 1211 SANJOSE BLVD STREET ADDRESS STREET ADDRESS HOLLY CITY-ST-ZIP HOLLY HILLS, FL 32117 CITY-ST-ZIP ☐ Change ☐ Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 apprecia, with all other like empowered.

TYPED OF PRINTED NAME DESIGNING OFFICER OR DIRECTOR

FILED Jul 27, 2005 8:00 am

Davtima Phone #