


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000093520</b>	
1. Entity Name FLORIDA ALUMINUM PRODUCTS, INC.	

Principal Place of Business 300 MEARS BOULEVARD OLDSMAR, FL 34677-3047	Mailing Address 300 MEARS BOULEVARD OLDSMAR, FL 34677-3047
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**DO NOT WRITE IN THIS SPACE**



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 57-1186422	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SCHNEKENBURGER, VIRGINIA 300 MEARS BLVD. OLDSMAR, FL 34677	
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**DO NOT WRITE  
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 V. Schnekenburger V. Schnekenburger, Director 1/13/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCHNEKENBURGER, VIRGINIA A 300 MEARS BOULEVARD OLDSMAR, FL 346773047
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD EVANS, WILLIAM A 300 MEARS BOULEVARD OLDSMAR, FL 346773047
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/20/05-80018-019 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: William A. Evans 1/13/05 813-818-7100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #