

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000101525

1. Entity Name
SACO ALUMINUM AND SCREENING INC.



Principal Place of Business

**12520 102 AVE
SEMINOLE, FL 33778**

Mailing Address

**12520 102 AVE
SEMINOLE, FL 33778**

DO NOT WRITE IN THIS SPACE



08252006 No Chg-P CR2E034 (11/05)

4. FEI Number
11-3711071

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SAMMARCO, PETER
12520 102 AVE
SEMINOLE, FL 33778-3400**

**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

Peter Sammarco

Signature is, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/25/06

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SAMMARCO, PETER
STREET ADDRESS	12520 102 AVE
CITY-ST-ZIP	SEMINOLE, FL 337783400
TITLE	D
NAME	SAMMARCO, KAREN
STREET ADDRESS	12520 102 AVE
CITY-ST-ZIP	SEMINOLE, FL 337783400
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/28/06-80004-009 158.75

**DO NOT WRITE
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:

Peter Sammarco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727(517-8103) 8/25/06

Date

Daytime Phone #