


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 25, 2004 8:00 am**  
**Secretary of State**

08-25-2004 90002 016 \*\*\*150.00

**DOCUMENT # P03000102444**

1. Entity Name  
**ACCENT IRON & ALUMINUM, INC.**



Principal Place of Business      Mailing Address  
**830 E. 16TH AVENUE**      **830 E. 16TH AVENUE**  
**NEW SMYRNA, FL 32169**      **NEW SMYRNA, FL 32169**

**54069785**

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



07292004    Chg-P    CR2E034 (10/03)

6. Name and Address of Current Registered Agent  
**WESSLER, MARK**  
**830 E. 16TH AVENUE**  
**NEW SMYRNA, FL 32169**

4. FEI Number  
**20-0162747**

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P. O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

**FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004**

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          | <b>D</b> <input type="checkbox"/> Delete |
| NAME           | <b>WESSLER, MARK</b>                     |
| STREET ADDRESS | <b>830 E. 16TH AVENUE</b>                |
| CITY-STATE-ZIP | <b>NEW SMYRNA, FL 32169</b>              |
| TITLE          | <b>D</b> <input type="checkbox"/> Delete |
| NAME           | <b>WESSLER, ROXANNE</b>                  |
| STREET ADDRESS | <b>830 E. 16TH AVENUE</b>                |
| CITY-STATE-ZIP | <b>NEW SMYRNA, FL 32169</b>              |
| TITLE          | <input type="checkbox"/> Delete          |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-STATE-ZIP |  |
| TITLE          | <input type="checkbox"/> Delete          |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-STATE-ZIP |  |
| TITLE          | <input type="checkbox"/> Delete          |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-STATE-ZIP |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-STATE-ZIP |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-STATE-ZIP |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-STATE-ZIP |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-STATE-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 address, with all other like empowered.

**SIGNATURE:** Mark Wessler  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Officer's Phone # \_\_\_\_\_