

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90003 018 ***150.00

DOCUMENT # P03000114787

1. Entity Name
ALUMINUM PLUS OF MARION COUNTY, INC.



Principal Place of Business
**5165 NE 25TH AVE
OCALA, FL 34479**

Mailing Address
**5165 NE 25TH AVE
OCALA, FL 34479**

04003083



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07072004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

Applied For

X 593238414

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCDONALD, DANNY
5165 NE 25TH AVE
OCALA, FL 34479**

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

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

(NOTE: Registered Agent signature required when restateing)

DATE

**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 **P** ☐ Delete
NAME **MCDONALD, DANNY**
STREET ADDRESS **5165 NE 25TH AVE**
CITY-ST-ZIP **OCALA, FL 34479**

TITLE **VST** ☐ Delete
NAME **SONTAG, RAYMOND**
STREET ADDRESS **5165 NE 25TH AVE**
CITY-ST-ZIP **OCALA, FL 34479**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 address, with all other like empowered.

SIGNATURE: **X Raymond L Sontag**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-04

Date

(352) 572-0296

Daytime Phone #

Attachment

54063083

ALUMINUM PLUS OF MARION COUNTY

5165 NE 25th Avenue
Ocala, Fl. 34479

#P03 00014787

Dear Division of Corporation,

Please find enclosed my annual report and my check for \$150.00. I never received the first notice to file this report by May 1st. I am writing to request that you please waive the late fee. We are a new corporation as of the end of last year, I didn't realize we would be receiving a report we had to file by May or I would have been looking for it.

Thank you so much for your cooperation in this matter.

Sincerely,

Raymond Sontag