


**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 21, 2008 8:00 am**  
**Secretary of State**

05-21-2008 90030 013 \*\*\*150.00

**DOCUMENT # P03000114787**  
 1. Entity Name  
**ALUMINUM PLUS OF MARION COUNTY, INC.**



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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **30-0229233** Applied For  
 Not Applicable

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



1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent  
**MCDONALD, DANNY**  
**5165 NE 25TH AVE**  
**OCALA FL 34479**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting)  
 DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be Added to Fees  
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MCDONALD, DANNY	
STREET ADDRESS	5165 NE 25TH AVE	
CITY-ST-ZIP	OCALA FL 34479	
TITLE	VST	<input type="checkbox"/> Delete
NAME	SONTAG, RAYMOND	
STREET ADDRESS	5165 NE 25TH AVE	
CITY-ST-ZIP	OCALA FL 34479	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SONTAG RAYMOND	
STREET ADDRESS	5165 NE 25TH AV.	
CITY-ST-ZIP	OCALA FL 34479	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Raymond Sontag*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/08 (352) 572-0296  
 Date Daytime Phone #