

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000114787

FILED
Apr 28, 2009
Secretary of State

Entity Name: ALUMINUM PLUS OF MARION COUNTY, INC.

Current Principal Place of Business:

5165 NE 25TH AVE
OCALA, FL 34479

New Principal Place of Business:

Current Mailing Address:

5165 NE 25TH AVE
OCALA, FL 34479

New Mailing Address:

FEI Number: 30-0229233

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SONTAG, RAYMOND
5165 NE 25TH AVE
OCALA, FL 34479 US

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.

SIGNATURE: RAYMOND SONTAG

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: SONTAG, RAYMOND
Address: 5165 NE 25TH AVE
City-St-Zip: OCALA, FL 34479

Title: VST () Delete
Name: SONTAG, RAYMOND
Address: 5165 NE 25TH AVE
City-St-Zip: OCALA, FL 34479

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SONTAG, RAYMOND
Address: 5165 NE 25TH AVE
City-St-Zip: OCALA, FL 34479

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAYMOND SONTAG

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date