## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Feb 19, 2007 08:00 AM **DOCUMENT # P03000115722 Secretary of State** 1. Entity Name THURLOW ALUMINUM, INC. Principal Place of Business Mailing Address 2630 LOVEWOOD ROAD PO BOX 723 COTTONDALE, FL 32431 COTTONDALE, FL 32431 02152007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-3706770 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent THURLOW, DEBRA L DO NOT WRITE 2630 LOVEWOOD ROAD COTTONDALE, FL 32431 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, lyped or printed name of registered agent and title if applicable. (NOTE: Registered Agont signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE THURLOW, TODD D 2630 LOVEWOOD ROAD STREET ADDRESS CITY-ST-ZIP COTTONDALE, FL 32431 000000639039 02/28/07-80010-007 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

I hereby certify that the information supplied with this filling 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:** 

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP