


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000115852 1. Entity Name ALUMINUM INSTALLERS OF FLORIDA, INC.	
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Principal Place of Business 1031 MALLETWOOD DR. BRANDON, FL 33637-2087	Mailing Address 1031 MALLETWOOD DR. BRANDON, FL 33637-2087
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DO NOT WRITE IN THIS SPACE

02222005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0276413	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLORIDA INCORPORATORS, INC.
8875 HIDDEN RIVER PKWY
STE 300
TAMPA, FL 33637-2087

**DO NOT WRITE
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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CORCORAN, JAY 1031 MALLETWOOD DR. BRANDON, FL 336372087
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CORCORAN, KIM J VICE PR 1403 WOODSTORK DR BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/08/05-80027-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Jay Corcoran Sr JAY CORCORAN SR 3-4-05 813 661 4472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #