2004-FOR-PROFIT-CORPORATION **ANNUAL REPORT (AR)**

FILED Jul 28, 2004 8:00 am Secretary of State DOCUMENT # P03000120709 1. Entity Name 07-28-2004 90016 039 ***155.00 TODD COLE ALUMINUM, INC. Principal Place of Business Mailing Address 27036 CAREFREE DRIVE 27036 CAREFREE DRIVE **BROOKSVILLE FL 34602 BROOKSVILLE FL 34602** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (4/04) Applied For City & State City & State 4. FEI Number 56-2411739 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VRASPIR, TODD:W-----Street Address (P.O. Box Number is Not Acceptable) 5327 COMMERCIAL WAY SUITE A101 SPRING HILL FL 34606 Zip Code City 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 \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Addition TITLE ☐ Delete COLE, TODD S NAME STREET ADDRESS STREET ADDRESS 27036 CAREFREE DRIVE **BROOKSVILLE FL 34602** CITY-ST-ZIP CITY-ST-ZIP S,T ☐ Delete TITLE ☐ Change Addition TITLE COLE, HARRY J NAME NAME STREET ADDRESS 27036 CAREFREE DRIVE STREET ADDRESS CITY-ST-ZIP **BROOKSVILLE FL 34602** CITY-ST-ZIP Delete ☐ Change VP. TM F ☐ Addition TITLE VALDES, LAZARO NAME NAME

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

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY - ST- ZIP

TITLE

NAME

TITL F

NAME STREET ADDRESS

☐ Delete

☐ Delete

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.

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

NAME

31011 JACANA DR.

WESLEY CHAPEL FL 33544

President 7-25-04

Change

☐ Change

☐ Addition

Addition