## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Jan 21, 2005 08:00 AM DOCUMENT # P03000126445 **Secretary of State** 1. Entity Name TOPLINE ALUMINUM, INC. Principal Place of Business 🔔 Mailing Address 1020 41 ST W BRADENTON FL 34205 1020 41 ST W **BRADENTON FL 34205** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 11-3707351 Not Applicable Country Ζip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REID, LARRY W SR. Street Address (P.O. Box Number is Not Acceptable) 1020 41 ST W **BRADENTON FL 34205** 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. ${\color{red} {\sf Signature, typod or printed name of registered agent and {\it the Alappincable}}}$ (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5,00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. MLF Delete THE Addition REID, LARRY W SR. NAME STREET ADDRESS 1020 41 ST W STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP **BRADENTON FL 34205** <del>-U90000187740-</del> Delete 01/24/05-80027-009-19509-00 - Addition NAME MAME STREET ADDRESS STREET ADDRESS. CHY-ST-ZIP CITY ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE hitk NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUY-SI-ZP ☐ Change HILE Delete THE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City St ZiP CITY-SI-70 HHE ☐ Delete HILE Change Addition NAME NAME STRECT ADDRESS STREET ADDRESS CITY SI-ZIP CITY ST ZIP

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.

SIGNATURE: J

Larry W - Reil St. 1-17-05 941-747-13/2
FICER OR DIRECTOR Date Daytime Phone #

**FILED**