

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90221 020 ***150.00

DOCUMENT # P03000128701

1. Entity Name
CVC ALUMINUM, INC.



Principal Place of Business
11715 E OLD HILLSBOROUGH AVENUE
SEFFNER, FL 33584

Mailing Address
11715 E OLD HILLSBOROUGH AVENUE
SEFFNER, FL 33584

40106857



04182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0387254	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CARLISLE, JONATHAN D
11715 E OLD HILLSBOROUGH AVENUE
SEFFNER, FL 33584

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	CARLISLE, JONATHAN D
STREET ADDRESS	11715 E OLD HILLSBOROUGH AVENUE
CITY-ST-ZIP	SEFFNER, FL 33584

TITLE	VP
NAME	CARLISLE, ALBERT D
STREET ADDRESS	108 CHATEAURUE
CITY-ST-ZIP	SEFFNER, FL 33584

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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: Jonathan D Carlisle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/08 813-695-7514
Date Daytime Phone #