**2006 FOR PROFIT CORPORATION** 

_	ANNUAL R	EPORT (AR)						
DOCUMENT # P03000130659  1. Entity Name SISCO ALUMINUM, INC.						26 MI 7:	57	
Principal Place of Business 2705 RANCH HAND TRAIL LAKE WALES FL 33853		Mailing Address 2705 RANCH HAND TRAIL LAKE WALES FL 33853					- ; ;	
2. Principal Place of Business		3. Mailing Address —			a with a R		2.1.2	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			2nd MOORE	MENUL	4/06)	9 V.
City & State		City & State		,	4. FEI Number 20-0410	·····	Not	plied For t Applicable
Zip	Country	Zip	Count	ry	5. Certificate of Status Desired	Fee	.75 Addi Required	
6. Name and Address of Current Registered Agent				Name	7. Name and Address of Ne	w Registered Ager	<u>11                                   </u>	
270	CO, MICHAEL R SR. 15 RANCH HAND TRAIL KE WALES FL 33853				Address (P.O. Box Number is Not Acceptable)			
				City		FL	Zip Code	
	named entity submits this statement for of registered agent.	the purpose of changing its regi	istered o	ffice or registered a	gent, or both, in the State of Flor	ida. Tam familiar wit	h, and ac	cept the
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Registered	Agent signature required	hen reinstating)	DATE		
ا برد م د کی ا	ILE NOW!!! FEE IS \$550.00 DUE BY September 6, 2006	S.607.193(2)(b), F. late fee. By checki	ng this t	ox, the corporatio	certifies it did	mpaign Financing		00 May Be
Make Check Payable to Florida Department of State not receive prior no				e to file is \$150.0	· <b>X</b>		FOTODO	103.44
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete SISCO, MICHAEL R SR. 2705 RANCH HAND TRAIL		1		70080 09/29/060108	31208	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SISCO, JR, MICHAEL R 2705 RANCH HAND TRAIL LAKE WALES FL 33898	☐ Delete	1			۵	Change	Addition
name Street address City-St-Zip	S SISCO, JOEL M 2682 RANCH HAND TRAIL LAKE WALES FL 33898	☐ Delete		ş			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		i i			Change	Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP		□ Delete					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					Change	Addition
12. I hereby of indicated	pertify that the information supplied with too this report or supplemental report is transfer or the resolver or trustee among	this filing does not qualify for the	e exemp	otions contained in shall have the sam	Chapter 119, Florida Statutes. I legal effect as if made under oa	further certify that th	e informa er or direc	tion tor