


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2004 8:00 am
Secretary of State

07-07-2004 90002 042 ***158.75

DOCUMENT # P03000139551	
1. Entity Name LINDSAY ALUMINUM, INC.	

Principal Place of Business 2877 LEMONWOOD STREET CLEARWATER, FL 33759	Mailing Address 2877 LEMONWOOD STREET CLEARWATER, FL 33759
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54060109



2. Principal Place of Business 2877 Lemonwood St. Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State Clearwater, FL	City & State
Zip 33759	Country Dominica

07012004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	
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7. Name and Address of New Registered Agent Name Michael Lindsay Street Address (P.O. Box Number is Not Acceptable) 2877 Lemonwood St. City Clearwater FL Zip Code 33759	
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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 Michael Lindsay DATE 7/2/04 <small>Signature, typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LINDSAY, MICHAEL 2877 LEMONWOOD STREET CLEARWATER, FL 33759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Luga, Cheryl 2877 Lemonwood St. Clearwater, FL 33759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Michael Lindsay <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 7/2/04 (727) 420-4800 <small>Daytime Phone #</small>