

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000140720

Entity Name: FOLEY ALUMINUM, INC.

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5233 ROGERS AVE  
PORT ORANGE, FL 32127

**New Principal Place of Business:**

**Current Mailing Address:**

5233 ROGERS AVE  
PORT ORANGE, FL 32127

**New Mailing Address:**

FEI Number: 90-0172352

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FOLEY, EDDIE D  
5233 ROGERS AVE  
PORT ORANGE, FL 32127 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: FOLEY, EDDIE D  
Address: 5233 ROGERS AVE  
City-St-Zip: PORT ORANGE, FL 32127

Title: D  
Name: DULLEA, DARLENE M  
Address: 5233 ROGERS AVE  
City-St-Zip: PORT ORANGE, FL 32127

Title: D  
Name: MAROIS, CANDICE P  
Address: 5233 ROGERS AVE  
City-St-Zip: PORT ORANGE, FL 32127

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EDDIE D. FOLEY

PRES

04/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date