

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90028 002 ***150.00

DOCUMENT # P03000145237

1. Entity Name

ALUMINUM PRODUCTS OF AUBURNDAL, INC.



Principal Place of Business

1057 HWY 92 WEST
AUBURNDAL FL 33823

Mailing Address

1057 HWY 92 WEST
AUBURNDAL FL 33823



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number 76-0753313

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, LARRY
112 ANARECE AVE
AUBURNDAL FL 33823

7. Name and Address of New Registered Agent

Name Sandra Johnson
Street Address (P.O. Box Number is Not Acceptable) 112 Ana-Rece Ave
City Auburndale FL 33823

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 Sandra A. Johnson Sandra A. Johnson 1/29/08
Signature, typed or printed name of registered agent (if applicable). (NOTE: Registered Agent signature required when resigning.) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-----------------|-----------------|--------------------|---------------------------------|
| | JOHNSON, SANDRA | 112 ANARECE AVE | AUBURNDAL FL 33823 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Sandra A. Johnson Sandra A. Johnson 1/29/08 863-665-8515
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #