


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 21, 2004 8:00 am**  
**Secretary of State**

07-09-2004 90010 048 \*\*\*150.00

<b>DOCUMENT # P03000145495</b> 1. Entity Name <b>CASE ALUMINUM, INC.</b>					
Principal Place of Business <del>11527 WHITE OWL LANE</del> <del>PORT RICHEY FL 34668</del> US			Mailing Address <del>11527 WHITE OWL LANE</del> <del>PORT RICHEY FL 34668</del> US		
2. Principal Place of Business <b>9670 JASMINE BLVD</b> Suite, Apt. #, etc.		3. Mailing Address <b>9670 JASMINE BLVD.</b> Suite, Apt. #, etc.			
City & State <b>NEW PORT RICHEY FL</b> Zip <b>34654</b>		City & State <b>NEW PORT RICHEY, FL</b> Zip <b>34654</b>		4. FEI Number <b>770615460</b>	
Country US		Country US		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DAVID, CASE R</b> <del>11527 WHITE OWL LANE</del> <b>9670 JASMINE BLVD.</b> <del>PORT RICHEY FL 34668</del> <b>NEW PORT RICHEY, FL 34654</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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: <u><i>David R Case</i></u> (NOTE: Registered Agent signature required when reinstating) DATE:					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete <b>CASE, DAVID R</b> <del>11527 WHITE OWL LANE</del> <b>9670 JASMINE BLVD.</b> <del>PORT RICHEY FL 34668</del> <b>NEW PORT RICHEY, FL 34654</b>		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	
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	
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	
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	
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.					
<b>SIGNATURE:</b> <u><i>David R Case</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

Attachment

66430313

July 6, 2004

Florida Dept. of State  
Tallahassee, FL 32314

RE: Case Aluminum, Inc.  
P03000145495

Dear Sir/ Madam,

Enclosed is my annual report for the year 2004 and check for \$150.

Please be advised that I never received the original annual report.

I certainly don't expect you to now dissolve my corporation for

being late. If you have any questions please call at the earliest convenience.

Sincerely,



David Case