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Jun 01, 2004 8:00 am
Secretary of State
05-05-2004 90237 013 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000146559

1. Entity Name
MIKE SCHICKER ALUMINUM, INC.

66425442

Principal Place of Business	Mailing Address
8201 W.OAK STREET CRYSTAL RIVER, FL 34428	8201 W.OAK STREET CRYSTAL RIVER, FL 34428

04152004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
8201 W. OAK ST	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc. SAME
City & State CRYSTAL RIVER FLA	City & State SAME
Zip 34428 Country CITRUS AMERICA	Zip SAME Country U.S.A.

4. FEI Number 61-1480933 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHICKER, MIKE 8201 W. OAKE STREET CRYSTAL RIVER, FL 34428	Name DANIEL J. TROTT Street Address (P.O. Box Number is Not Acceptable) 2271 PENNSYLVANIA AVE P.O. BOX 561 City CRYSTAL RIVER FL Zip Code 34428

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 DANIEL J. TROTT [signature] VICE PRES 4-29-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCHICKER, MICHAEL G 8201 W.OAK STREET CRYSTAL RIVER, FL 34428	☐ Delete	VICE PRESIDENT DANIEL J. TROTT P.O. BOX 561 CRYSTAL RIVER FL 34428	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SCHICKER, KIM M 8201 W.OAK STREET CRYSTAL RIVER, FL 34428	☐ Delete	2271 PENNSYLVANIA AVE.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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 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: [signature] MICHAEL G SCHICKER PRESIDENT 4-29-04 352-563-0642
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #