


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000147395
 1. Entity Name
ALUMINUM EXTERIORS, INC.



Principal Place of Business Mailing Address
10751 62ND AVENUE NORTH **10751 62ND AVENUE NORTH**
SEMINOLE, FL 33772 **SEMINOLE, FL 33772**

DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 83-0379491	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TOBIAS, JOSEPH F
10751 62ND AVENUE NORTH
SEMINOLE, FL 33772

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOBIAS, JOSEPH F 10751 62ND AVENUE NORTH SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOBIAS, MARGO P 10751 62ND AVENUE NORTH SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOBIAS, NOEL J 10751 62ND AVENUE NORTH SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/08/08-30018-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Margo P. Tobias* **MARGO P. TOBIAS** *1/5/08* *(727) 392-6510*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #