

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


9/9/2004-90007-031-\$150.00-\$150.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

04 DEC -9 PM 3:54

**DOCUMENT # P03000150363**

1. Entity Name  
**K & K ALUMINUM INC**



Principal Place of Business      Mailing Address

**637 TALWOOD CIRCLE  
APARTMENT H  
BRANDON FL 33510**      **637 TALWOOD CIRCLE  
APARTMENT H  
BRANDON FL 33510**

2. Principal Place of Business      3. Mailing Address

**1722 BRANDON TRACE AVE**      **1722 BRANDON TRACE AVE**


Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**BRANDON, FL 33510**      **BRANDON, FL**

Zip      Country      Zip      Country

**33510**      **HILLSBOROUGH**      **33510**      **HILLSBOROUGH**



MOORE      CR2E034 (4/04)

4. FEI Number      Applied For

**20-0468920**      Not Applicable

6. Name and Address of Current Registered Agent

**RIVERVIEW FINANCIAL ACCTG INC  
7035 US HWY 301 SOUTH  
RIVERVIEW FL 33569**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      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: *Darren Marchetta*      DATE: **8-25-04**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**DUE BY September 8, 2004**  
**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARCHETTA, DARREN L</b>	NAME	
STREET ADDRESS	<b>1419 HARNESS HORSE LANE APT 204</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BRANDON FL 33511</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 info empowered.

SIGNATURE: *Darren Marchetta*      DATE: **8-25-04**      DAYTIME PHONE #: **813-967-6572**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR