


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90312 022 ***150.00

DOCUMENT # P03000150363		
1. Entity Name K & K ALUMINUM INC		
Principal Place of Business 1722 BRANDON TRACE DRIVE BRANDON FL 33510	Mailing Address 1722 BRANDON TRACE DRIVE BRANDON FL 33510	



2. Principal Place of Business 2803 TAMMARRON LN.	3. Mailing Address 2803 TAMMARRON LN.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State BRANDON, FL.	City & State BRANDON, FL.
Zip 33511	Country HILLSBOROUGH

1st MOORE CR2E034 (10/05)

4. FEI Number 20-0468920	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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* **DARREN MARCHETTA** **4-19-06**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 P	<input type="checkbox"/> Delete	TITLE X	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARCHETTA, DARREN L		NAME 2803 TAMMARRON LN	
STREET ADDRESS 1722 BRANDON TRACE AVE		STREET ADDRESS BRANDON, FL. 33511	
CITY-ST-ZIP BRANDON FL 33510		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 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: *Darren Marchetta* **DARREN MARCHETTA** **4-19-06** **813-961-6572**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #