


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90426 019 ***158.75

DOCUMENT # P04000009080 1. Entity Name CALVERT ALUMINUM, INC.			
Principal Place of Business 196 1/2 LINDA SUE DRIVE LAKE HELEN, FL 32744		Mailing Address 196 1/2 LINDA SUE DRIVE LAKE HELEN, FL 32744	
2. Principal Place of Business 671 N. Thorpe Ave. Suite, Apt. #, etc.		3. Mailing Address 671 N. Thorpe Ave. Suite, Apt. #, etc.	
City & State Orange City, FL Zip 32763		City & State Orange City, FL Zip 32763	
Country U.S.A.		Country U.S.A.	
4. FEI Number 20-0576055		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHADWELL, KAREN C. 196 1/2 LINDA SUE DRIVE LAKE HELEN, FL 32744		7. Name and Address of New Registered Agent Name Chadwell, Karen C. Street Address (P.O. Box Number is Not Acceptable) 671 N. Thorpe Ave. City Orange City FL Zip Code 32763	
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>Karen Chadwell</i></u> KAREN CHADWELL Secretary 4/28/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME CALVERT, OBADIAH J STREET ADDRESS 196 1/2 LINDA SUE DRIVE CITY-ST-ZIP LAKE HELEN, FL 32744	<input type="checkbox"/> Delete	TITLE P NAME Calvert, Obadiah J. STREET ADDRESS 1088 Eleanor Ct. CITY-ST-ZIP Deltona, FL 32725	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME CALVERT, MATTHEW A STREET ADDRESS 295 W. BLUE SPRINGS AVE. CITY-ST-ZIP ORANGE CITY, FL 32763	<input type="checkbox"/> Delete	TITLE VP NAME Calvert, Matthew A STREET ADDRESS 671 N. Thorpe Ave. CITY-ST-ZIP Orange City, FL 32763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE S NAME Chadwell, Karen C. STREET ADDRESS 671 N. Thorpe Ave CITY-ST-ZIP Orange City, FL 32763	<input type="checkbox"/> Change <input checked="" 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.			
SIGNATURE: <u><i>Matthew Calvert</i></u> Matthew Calvert <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-28-05 386-878-5858 <small>Date Daytime Phone #</small>	