

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90031 018 ***150.00

DOCUMENT # P04000010603

1. Entity Name

CLS ALUMINUM, INC.



Principal Place of Business

6921 EXLINE ROAD
JACKSONVILLE FL 32222

Mailing Address

6921 EXLINE ROAD
JACKSONVILLE FL 32222

20051003

2. Principal Place of Business

6921 Exline Rd.

Suite, Apt. #, etc.

3. Mailing Address

6921 Exline Rd.

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

Jacksonville, Florida

City & State

Jax. FL.

4. FEI Number

200618989

Applied For

Not Applicable

Zip
32222

Country
Duval

Zip
32222

Country
Duval

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

STUMP, CHRIS
6921 EXLINE ROAD
JACKSONVILLE FL 32222

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

Christopher L Stump

(NOTE: Registered Agent signature required when reinstating)

3-20-05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPVT
STUMP, CHRIS
6921 EXLINE ROAD
JACKSONVILLE FL 32222 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
STUMP, DONNA
6921 EXLINE ROAD
JACKSONVILLE FL 32222 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

Christopher L Stump

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-05 759-0729 (Chgs)