



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90088 019 \*\*\*150.00

<b>DOCUMENT # P04000013996</b> 1. Entity Name <b>CLASSIC IRON AND ALUMINUM, INC.</b>					
Principal Place of Business <b>2516 NW 7TH TERRACE CAPE CORAL, FL 33993</b>			Mailing Address <b>2516 NW 7TH TERRACE CAPE CORAL, FL 33993</b>		
2. Principal Place of Business <b>7020 Slater Pines Dr.</b>		3. Mailing Address <b>7020 Slater Pines Dr.</b>		  04212005    Chg-P    CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>North Ft. Myers FL</b>		City & State <b>North Ft Myers FL</b>			
Zip <b>33917</b>		Country <b>US</b>		4. FEI Number <b>20-0612027</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>DUVALL, JAMES D 2516 NW 7TH TERRACE CAPE CORAL, FL 33993</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>7020 Slater Pines Drive</b>  City <b>North Fort Myers</b> <b>FL</b> Zip Code <b>33917</b>	
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>James D Duvall</i></u> DATE <u>4/30/05</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUVALL, JAMES D 2516 NW 7TH TERRACE CAPE CORAL, FL 33993	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUVALL, JAMES D 2516 NW 7TH TERRACE CAPE CORAL, FL 33993	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC DUVALL, AMANDA S 2516 NW 7TH TERRACE CAPE CORAL, FL 33993	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR DUVALL, AMANDA S 2516 NW 7TH TERRACE CAPE CORAL, FL 33993	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7020 Slater Pines Dr. North Ft Myers, FL 33917	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7020 Slater Pines Drive North Ft Myers, FL 33917	<input type="checkbox"/> Delete <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>James D Duvall</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/30/05</u> Daytime Phone # <u>(239) 691-9699</u>			