

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # P04000013996

1. Entity Name
CLASSIC IRON AND ALUMINUM, INC.



Principal Place of Business
**7020 SLATER PINES DR
NORTH FORT MYERS, FL 33917**

Mailing Address
**7020 SLATER PINES DR
NORTH FORT MYERS, FL 33917**



01222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0612027	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional . Fee Required	

6. Name and Address of Current Registered Agent

**DUVALL, JAMES D
7020 SLATER PINES DRIVE
NORTH FORT MYERS, FL 33917**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U000000884750
04/17/08-80057-002 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DUVALL, JAMES D
STREET ADDRESS	7020 SLATER PINES DR
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917

TITLE	VP
NAME	DUVALL, JAMES D
STREET ADDRESS	7020 SLATER PINES DR
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917

TITLE	SEC
NAME	DUVALL, AMANDA S
STREET ADDRESS	7020 SLATER PINES DR
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917

TITLE	TR
NAME	DUVALL, AMANDA S
STREET ADDRESS	7020 SLATER PINES DR
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/08 (239)691-9699
Date Daytime Phone #