


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90099 011 ***150.00

DOCUMENT # P04000039238	
1. Entity Name AMERICAN ALUMINUM & SCREEN, INC.	

Principal Place of Business 1014 REED CANAL ROAD DAYTONA BEACH, FL 32119	Mailing Address 1014 REED CANAL ROAD DAYTONA BEACH, FL 32119
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2. Principal Place of Business 1046 REED CANAL RD.	3. Mailing Address 1046 REED CANAL RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SOUTH DAYTONA, FL.	City & State SOUTH DAYTONA, FL.
Zip 32119	Country U.S.A.



02032005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent BELL, TED E 1014 REED CANAL ROAD DAYTONA BEACH, FL 32119	
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4. FEI Number 20-0808577	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 file if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, TED E 1014 REED CANAL ROAD DAYTONA BEACH, FL 32119 <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
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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: *Ted E Bell* **3-11-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #