


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90074 007 ***150.00

DOCUMENT # P04000059943 1. Entity Name BONA FIDE ALUMINUM INC																													
Principal Place of Business 7239 KNOLL DRIVE NEW PORT RICHEY, FL 34653			Mailing Address 7239 KNOLL DRIVE NEW PORT RICHEY, FL 34653																										
2. Principal Place of Business 13455 CANDIA ST Suite, Apt. #, etc.		3. Mailing Address 13455 CANDIA ST Suite, Apt. #, etc.																											
City & State SPRINGHILL FL Zip 34609		City & State SPRINGHILL FL Zip 34609		4. FEI Number 90-1147265																									
Country PASCO		Country PASCO		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent HUMPHREYS, RONALD L 7239 KNOLL DRIVE NEW PORT RICHEY, FL 34653			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 13455 CANDIA ST City SPRINGHILL FL Zip Code 34609																										
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>Ronald L. Humphreys</i></u> DATE <u><i>4/30/05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</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																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HUMPHREYS, RONALD L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7239 KNOLL DRIVE</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>NEW PORT RICHEY, FL 34653</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">X Change <input type="checkbox"/> Addition</td> <td style="width: 20%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>13455 CANDIA ST</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>SPRINGHILL FL 34609</td> <td></td> </tr> </table> </div> </div>						TITLE	D	<input type="checkbox"/> Delete	NAME	HUMPHREYS, RONALD L		STREET ADDRESS	7239 KNOLL DRIVE		CITY-STATE-ZIP	NEW PORT RICHEY, FL 34653		TITLE	X Change <input type="checkbox"/> Addition		NAME			STREET ADDRESS	13455 CANDIA ST		CITY-STATE-ZIP	SPRINGHILL FL 34609	
TITLE	D	<input type="checkbox"/> Delete																											
NAME	HUMPHREYS, RONALD L																												
STREET ADDRESS	7239 KNOLL DRIVE																												
CITY-STATE-ZIP	NEW PORT RICHEY, FL 34653																												
TITLE	X Change <input type="checkbox"/> Addition																												
NAME																													
STREET ADDRESS	13455 CANDIA ST																												
CITY-STATE-ZIP	SPRINGHILL FL 34609																												

SIGNATURE: *Ronald L. Humphreys* *Ronald L. Humphreys* *3/30/05* *727-439-0157*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dwayne Phone #