2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P04000059943 1. Entity Name BONA FIDE ALUMINUM INC								04-04-2005	90074	007 ***15	0.00	
Principal Place 7239 KNOLL NEW PORT R	DRIVE		Mailing Address 7239 KNOLL DRIVE NEW PORT RICHEY, FL 34653			A INNTIÈNA	1 28 (11 8)6() 83(4 88() 81	· IIII CRIEI RIII	48119 18111 84688 11	KIBBI II KBBI		
2. Principal P		ness 41110iA ST	3. Mailing Address	3. Mailing Address 13455 CAMPIA ST								
Suite, Apt.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			03282005	Chg-P		034 (10/03)		
SPRiN9/+1/1 =1				SPRINGHIII FI			4. FE Numb	114724	5	No	pplied For nt Applicable	
3460	<u> </u>	Country PASCO	34609	Pa	itry		5. Certificate	of Status Desired	0	\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent							7. Name and	Address of New I	Registered	Agent	,	
HUMPHREYS, RONALD L 7239 KNOLL DRIVE NEW PORT RICHEY, FL 34653						Street Address (P.O. Box Number is Not Acceptable)						
						12:19	ity. Asin	91	FI	- 127 G	09	
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. It am familiar with, and accept the obligations of registered agent. SIGNATURE Suprature: Suprature: provided or purpod name of registered agent and title if a blicable (INOTE, Registered Agent suprature required when remeasuring) DATE												
	Signature, typeto	Or Decision (40) of the legislation of the same							OATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution.												
10.		OFFICERS AND					ADDITIONS	CHANGES TO OFF	ICERS AN			
name	D HUMPHR	EYS, RONALD L	Oelete	HTL NAM						Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS 13455 CANDIN ST ST-ZIP BARING HILL F1 34609						
HTCE NAME			☐ Delete	TITLI	E					☐ Change	☐ Addition	
STREET ADDRESS CITY+ST-ZIP					et address - St-Zip							
HILE			☐ Delete	TITL						☐ Change	Addition	
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NAME STREET ADDRESS				NAM STRE	E E I address						[
CITY -ST-ZIP		<u> </u>		C‡TY	-ST-ZIP							
12. Thereby certify that the information supplied with this filting does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I turther 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 chaptered or one attractment with an eddress, with all other like empowered.												