2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State
04-24-2006 90377 035 ***150.00

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1. Entity Name
[redacted]
Dennis John GRAFF Aluminum Additions INC

40061240

03172006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
1100 PONDELLA RD APT 813 CAPE CORAL FLA 33909	1100 PONDELLA RD CAPE CORAL FLA 33909
2. Principal Place of Business 1100 PONDELLA RD Suite, Apt. #, etc. 813	3. Mailing Address 1100 PONDELLA RD Suite, Apt. #, etc. 813
City & State CAPE CORAL FLA Zip 33903 County LEE	City & State CAPE CORAL FLA Zip 33909 County LEE

4. FEI Number 20-1177187 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Dennis John GRAFF 1100 PONDELLA RD APT 813 CAPE CORAL FLA 33909	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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: Dennis John Graff President 4/18/06
(Required when mailed) (Required when delivered) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres Dennis John GRAFF ☐ Delete 1100 PONDELLA RD CAPE CORAL FL 33909	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Dennis John Graff President 4/18/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date