

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000093306



1. Entity Name
WARREN'S ALUMINIUM, INC.

Principal Place of Business
**P.O. BOX 797
NOCATEE, FL 34268**

Mailing Address

**P.O. BOX 797
NOCATEE, FL 34268**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number **20-1332136** Applied For
Not Applicable

03082005 Chg-P CR2E034 (10/03)

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

6. Name and Address of Current Registered Agent

**WARREN, DENVER
1991 RICE STREET
ARCADIA, FL 34266**

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

• 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, 2005 Fee will be \$550.00**

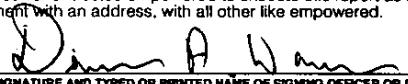
9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARREN, DENVER P.O. BOX 797 NOCATEE, FL 34268	<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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-05

941-628-9140

Date

Daytime Phone #

**FILED
Mar 11, 2005 8:00 am
Secretary of State**

03-11-2005 90309 013 ***150.00

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