

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90150 042 ***150.00

DOCUMENT # P04000109991 1. Entity Name E.C.D. ALUMINUM CONTRACTORS INC.			
Principal Place of Business 1378 S. CANDLENUT AVENUE HOMOSASSA, FL 34448		Mailing Address 1378 S. CANDLENUT AVENUE HOMOSASSA, FL 34448	
2. Principal Place of Business - No P.O. Box # 3849 S. Delard Way		3. Mailing Address 3849 S. Delard Way	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State HOMOSASSA FL		City & State HOMOSASSA FL	
Zip 34448		Zip 34448	
Country 		Country 	
4. FEI Number 20-1420666		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHRONABERY, EDWARD 1378 SOUTH CANDLENUT AVE HOMOSASSA, FL 34448		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3849 S. Delard Way D.R. City HOMOSASSA FL Zip Code 34448	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1)	
TITLE PD	NAME CHRONABERY, EDWARD	TITLE 3849 S. Delard Way D.R.	NAME HOMOSASSA, FL 34448
STREET ADDRESS 1378 S. CANDLENUT AVENUE	CITY-ST-ZIP HOMOSASSA, FL 34448	STREET ADDRESS 3849 S. Delard Way	CITY-ST-ZIP HOMOSASSA, FL 34448
TITLE DVP	NAME MONROE, CHARLES A	TITLE D VP	NAME MARTORIE C DELMAIN
STREET ADDRESS 3076 E DAVE CT.	CITY-ST-ZIP INVERNESS, FL 34452	STREET ADDRESS 3849 S. Delard Way	CITY-ST-ZIP HOMOSASSA, FL 34448
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/28/08 Daytime Phone 352-302-8138	