

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000109991

FILED  
Mar 07, 2009  
Secretary of State

Entity Name: E.C.D. ALUMINUM CONTRACTORS INC.

## Current Principal Place of Business:

38490 S. DELARD WAY  
HOMOSASSA, FL 34448

## New Principal Place of Business:

3849 S. DELARD WAY  
HOMOSASSA, FL 34448

## Current Mailing Address:

38490 S. DELARD WAY  
HOMOSASSA, FL 34448

## New Mailing Address:

3849 S. DELARD WAY  
HOMOSASSA, FL 34448

FEI Number: 20-1420666

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHRONABERY, EDWARD  
3849 S. DELARD WAY.  
HOMOSASSASS, FL 34488 US

## Name and Address of New Registered Agent:

CHRONABERY, EDWARD  
3849 S. DELARD WAY.  
HOMOSASSA, FL 34488 US

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.

SIGNATURE:

03/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CHRONABERY, EDWARD  
Address: 1378 S. CANDLENUT AVENUE  
City-St-Zip: HOMOSASSA, FL 34448

Title: DVP ( ) Delete  
Name: DELMAIN, MAJORIE C  
Address: 3849 S. DELARD WAY  
City-St-Zip: HOMOSASSA, FL 34448

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CHRONABERY, EDWARD  
Address: 3849 S DELARD WAY  
City-St-Zip: HOMOSASSA, FL 34448

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD CHRONABERY

P

03/07/2009

Electronic Signature of Signing Officer or Director

Date