

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000004957

Entity Name: DR ALUMINUM, INC.

FILED  
Mar 02, 2008  
Secretary of State

## Current Principal Place of Business:

359 SEABOARD AVE. NORTH  
VENICE, FL 34285 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 51  
LAUREL, FL 34272 US

## New Mailing Address:

FEI Number: 20-2139746

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JARVIS, DAVID L  
11951 GRANITE WOODS LOOP  
VENICE, FL 34292 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ROMANOK, DENIS  
Address: 1539 VERMEER DRIVE  
City-St-Zip: NOKOMIS, FL 34275 US

Title: TR ( ) Delete  
Name: JARVIS, DAVID L  
Address: 11951 GRANITE WOODS LOOP  
City-St-Zip: VENICE, FL 34292 US

Title: VP ( ) Delete  
Name: ROMANOK, RYAN  
Address: 5712 GADSHAW AVENUE  
City-St-Zip: NORTH PORT, FL 34286 US

Title: VP ( ) Delete  
Name: JARVIS, KRISTI  
Address: 11951 GRANITE WOODS LOOP  
City-St-Zip: VENICE, FL 34292 US

Title: SEC ( ) Delete  
Name: ROMANOK, SUSAN M  
Address: 1539 VERMEER DRIVE  
City-St-Zip: NOKOMIS, FL 34275 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: DAVID L JARVIS

TR

03/02/2008

Electronic Signature of Signing Officer or Director

Date