

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2008 8:00 am
Secretary of State

09-10-2008 90001 011 ***150.00

DOCUMENT # P05000095134 1. Entity Name ALUMINATORS ENCLOSURES, INC.			
Principal Place of Business 1641 SE SANDIA DR PORT SAINT LUCIE, FL 34983 US		Mailing Address 1641 SE SANDIA DR PORT SAINT LUCIE, FL 34983 US	
2. Principal Place of Business - No P.O. Box # 2109 SW. Kail St.		3. Mailing Address 2109 SW. Kail St.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Port St. Lucie, FL 34984		City & State Port St. Lucie, FLA.	
Zip 34984		Zip 34984	
Country Port St. Lucie		Country Port St. Lucie	
4. FEI Number 20-3101840		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 WILSON, SCOTT A 1579 SE COWNIE ST PORT ST. LUCIE, FL 34983		7. Name and Address of New Registered Agent Name Same as Above 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 <u><i>Scott A. Wilson</i></u>		DATE <u><i>6/21/08</i></u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	NAME WILSON, SCOTT A	<input type="checkbox"/> Delete	
STREET ADDRESS 1579 SE COWNIE ST			
CITY-ST-ZIP PORT ST. LUCIE, FL 34983	2109 SW. Kail St. 34984		
TITLE 		<input type="checkbox"/> Delete	
NAME 			
STREET ADDRESS 			
CITY-ST-ZIP 			
TITLE 		<input type="checkbox"/> Delete	
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TITLE 		<input type="checkbox"/> Delete	
NAME 			
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: <u><i>Scott A. Wilson</i></u>		DATE: <u><i>6/21/08</i></u>	
Signature and typed or printed name of signing officer or director			