## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT

## Mar 07, 2008 8:00 am Secretary of State DOCUMENT # P06000150334 03-07-2008 90029 049 \*\*\*150.00 DOWNEY ALUMINUM INSTALLATIONS, INC. Mailing Address Principal Place of Business 13436 DUNBAR STREET 13436 DUNBAR STREET 7 U U A V ~ -SPRING HILL, FL 34609 SPRING HILL, FL 34609 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02282008 Cha-P CR2F034 (12/06) City & State City & State 4. FEI Number Applied For 20-8015286 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DOWNEY, EDWARD M JR. Street Address (P.O. Box Number is Not Acceptable) 13436 DUNBAR STREET SPRING HILL, FL 34609 City 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPTS TITLE Delete TITLE ☐ Change ■ Addition NAME DOWNEY, EDWARD M JR. NAME STREET ADDRESS 13436 DUNBAR STREET STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL 34609 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME DOWNEY, KELLY NAME STREET ADDRESS 13436 DUNBAR STREET STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL 34609 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - 🔲 Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 cath; 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 expowered. DWARD M DOWNEY & Z-27-08 (727) 8086789 SIGNATURE:

FILED