

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90077 039 ***158.75

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1. Entity Name

ALUMINUM BUILDING CONCEPTS, INC.



Principal Place of Business

7542 B N DALE MABRY
TAMPA FL 33614
US

Mailing Address

313 E CLAY AVE
BRANSON FL 33510
US

2. Principal Place of Business

313 E. CLAY AVE

Suite, Apt. #, etc.

3. Mailing Address

313 E. CLAY AVE

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

BRANDON FLA

City & State

BRANDON FLA.

4. FEI Number

59-3148651

Applied For

Not Applicable

Zip
33510

Country
USA

Zip
33510

Country
USA.

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOWEN, TERENCE P
313 E CLAY AVE
BRANDON FL 33510

7. Name and Address of New Registered Agent

Name

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME GOWEN, TERRANCE P
STREET ADDRESS 313 E CLAY AVE
CITY-ST-ZIP BRANSON FL 33510

TITLE S ☐ Delete
NAME GOWEN, CHRISTOPHER S
STREET ADDRESS 313 E CLAY AVE
CITY-ST-ZIP BRANSON FL 33510

TITLE T ☐ Delete
NAME GOWEN, MELISSA M
STREET ADDRESS 313 E CLAY AVE
CITY-ST-ZIP BRANSON FL 33510

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Daytime Phone #

TERENCE P. GOWEN 4/18/04 818-961-3748