

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P92000015165**

1. Entity Name  
**ARNOLD'S ALUMINUM, INC.**



Principal Place of Business

**3675 NE 36TH AVE  
SUITE D  
OCALA, FL 34479**

Mailing Address

**9899 NE 303 CT RD  
SALT SPRINGS, FL 33134**



07052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**65-0375123**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**HAGEMANN, DEBRA A  
9899 NE 303 CT RD  
SALT SPRINGS, FL 32134**

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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**

TITLE	<b>D</b>
NAME	<b>HAGEMANN, ARNOLD D</b>
STREET ADDRESS	<b>9899 NE 303 CT RD</b>
CITY-ST-ZIP	<b>SALT SPRINGS, FL 32134</b>
TITLE	<b>D</b>
NAME	<b>HAGEMANN, DEBRA A</b>
STREET ADDRESS	<b>9899 NE 303 CT RD</b>
CITY-ST-ZIP	<b>SALT SPRINGS, FL 32134</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/31/06-90002-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Debra A. Hagemann*  
**Debra A. Hagemann**

**7-28-06**

Date

**352-369-4004**

Daytime Phone #