2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 06, 2008 08:00 Al DOCUMENT # P93000036647 **Secretary of State** 1. Entity Name CARMACK'S QUALITY ALUMINUM, INC. Principal Place of Business Mailing Address 8052 LEO KIDD AVE 8052 LEO KIDD AVE PORT RICHEY FL 34668 PORT RICHEY FL 34668 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Ant. #. etc. Suite. Apt. #. etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FEI Number 59-3080637 Not Applicable $Z_{\rm IP}$ 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 Name CARMACK, BOB L Street Andress (P.O. Box Number is Not Acceptable) 8052 LEO KIDD AVE PORT RICHEY FL 34668 Ziu Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or boin, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Midnature, typed or printed Hanis of round red report and use if applicable (NOTE Registered Agent a grostum require t when roles biting FILE NOW!!! FEE IS-\$150.00 -- --9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. 1 🔲 Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Change ☐ Derete Addition NAME CARMACK, BOB L NAME U00000849896 STREET ADDRESS 8052 LEO KIDD AVE. STREET ADDRESS 03/21/08-80039-010 150.00 PORT RICHEY, FL 34668 DITY - ST- 712 CITY-ST ZIP TITLE Derete TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREFT ADDRESS CHY-SI-ZP CITY - ST - 7H1 HEE De ete Change Addition EMALI NAME STREET ADDRESS STREET ADDRESS City-St-7P CITY-ST-ZIP THE ☐ Derete TITLE ☐ Change Addition NAM: NAMI STREET ADDRESS STREET ADDRESS City-St-Zi2 CITY - ST- ZIP Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-70 TITLE Change ☐ De-ate TITLE Addition NAME NAME STREET ACORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 employered 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 extress, with all ethics like empowered.

SIGNATURE: SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2/14/68 (72