

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000002231

1. Entity Name
FLORIDA STYLE ALUMINUM, INC.



Principal Place of Business

5860 HALIFAX AVENUE
FT MYERS, FL 33912

Mailing Address

5860 HALIFAX AVENUE
FT MYERS, FL 33912

FILED

07 MAR 20 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01262007 No Chg-P CR2E034 (11/05)

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4. FEI Number
65-0461246

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCURDY, ANDREW
14771 JONATHON HARBOUR DR
FORT MYERS, FL 33908

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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
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCCURDY, ANDREW
STREET ADDRESS	14771 JONATHON HARBOUR DR
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	T
NAME	MCCURDY, CAROLYN
STREET ADDRESS	14771 JONATHON HARBOUR DR
CITY-ST-ZIP	FORT MYERS, FL 33908
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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203/26

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-507

Date

239-590-9590

Daytime Phone #