Check must be payable in ...
- Submit report with a separate ch...
- Changes must be typed or print...
- Sign report in block 12.
- The fee to file the profit annual r... please add an additional $8.75.

FILED
Apr 27, 2006 8:00 am
Secretary of State
04-27-2006 90157 039 ***150.00

Block 1. Block 1 contains the name, document number, mailing address and principal place of business last reported to our office. You cannot change the name on this form. You must file an amendment to change the name. For amendment information, call (850) 245-6050, or download forms at www.sunbiz.org.

Block 2 & 3. If the principal place of business address in Block 1 is incorrect, enter the correct address in Block 2. If the preprinted mailing address in Block 1 is incorrect, enter the new mailing address in Block 3. A Post Office Box is acceptable.

Block 4. If blank, complete Block 4 by entering your Federal Employer Identification (FEI) number or checking either applied for or not applicable. FEI numbers are not assigned by the Division of Corporations. For assistance with FEI numbers, call the IRS at (800) 829-1040.

Block 5. Should you desire a certificate reflecting your entity's status after the filing of this report, check the BOX in Block 5 and include an additional $8.75 with your filing fee.

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000068570

1. Entity Name
DUFFIELD ALUMINUM, INC.

40064986

Principal Place of Business	Mailing Address
P.O. BOX 365 ARCHER, FL 32618 US	P.O. BOX 365 ARCHER, FL 32618 US

01212006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
4566 NW 5th Blvd	4566 NW 5th Blvd
Suite, Apt. #, etc. Suite E	Suite, Apt. #, etc. Suite E
City & State Gainesville, FL	City & State Gainesville, FL
Zip 32609 County Alachua	Zip 32609 Country Alachua

4. FEI Number 59-3327980 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DUFFIELD, WILLIAM
11791 NE SR 24
ARCHER, FL 32618

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] 4/25/06
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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST DUFFIELD, WILLIAM P 11791 N.E. SR 24 ARCHER, FL 32618	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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] 4/25/06 352-375-7008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #