

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000095377 1. Entity Name JUPITER ALUMINUM PRODUCTS, INC.	
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Principal Place of Business 219 JUNO STREET JUPITER, FL 33458	Mailing Address 219 JUNO STREET JUPITER, FL 33458
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DO NOT WRITE IN THIS SPACE



02262005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0635608	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SCHAEFER, JOHN ROBERT 219 JUNO STREET JUPITER, FL 33458
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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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHAEFER, JOHN ROBERT 8158 SW YACHTSMANS DR. STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHER, MARK 7586 BRIAR CLIFF CIR LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARY, MILLI 8158 SW YACHTSMANS DR. STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHER, DALE 7586 BRIAR CLIFF CIR LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/27/05-80027-021 150.00

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IN THIS SPACE**

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

4/22/05 561 247 4166
Date Daytime Phone #