

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P96000060404

1. Entity Name

FRANK'S ALUMINUM, INC.



Principal Place of Business

3113 19 STREET WEST
LEHIGH ACRES FL 33971

Mailing Address

3113 19 STREET WEST
LEHIGH ACRES FL 33971

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

YELVINGTON, FRANK L.
3113 19TH ST. W.
LEHIGH ACRES FL 33971

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

Frank L. Yelvington

FRANK L. YELVINGTON

10-29-07

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 5, 2007

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME YELVINGTON, FRANK L

STREET ADDRESS 3113 19 STREET WEST

CITY-ST-ZIP LEHIGH ACRES FL 33971

TITLE ☐ Delete

NAME HOUK, JASON

STREET ADDRESS 200 ALABAMA SO.

CITY-ST-ZIP LEHIGH ACRES FL

TITLE ☐ Delete

NAME YELVINGTON, CAROL J

STREET ADDRESS 3113 19 STREET WEST

CITY-ST-ZIP LEHIGH ACRES FL 33971

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

Carol Yelvington (Carol Yelvington) Secretary 9-12-07 239-348-6810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

07 NOV -2 PM 3:54



REINSTATEMENT

10-29-07 (4/07) 07

REINSTATEMENT