## 2005 FOR PROFIT CORPORATION \_ANNUAL REPORT

## May 18, 2005 08:00 AV **DOCUMENT # P96000091890** Secretary of State ANYTHING & EVERYTHING ALUM WKS INC. Principal Place of Business Mailing Address 7902 N HUBERT AVE 7902 N HUBERT AVE TAMPA, FL 33614 US TAMPA, FL 33614 US 05102005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3414151 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JULBE, JOSE A DO NOT WRITE 7902 N HUBERT AVE TAMPA, FL 33614 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 000000367543 the obligations of registered agent. 05/18/05-80007-001 150.00 SIGNATURE. Signature, typed or printed name of registered agent and title li, applicable. (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be Due by September 7, 2005 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PVST TITLE NAME JULBE, JOSE A STREET ADDRESS 7902 N HUBERT AVE CITY-ST-ZIP TAMPA, FL 33614 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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

SIGNATURE:

CITY-ST-ZIP

SHATURE AND TYPED OR DEINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/05

813-917-4805

FILED