


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90058 030 \*\*\*150.00

**DOCUMENT # P97000021942**

1. Entity Name  
**GILLESPIE AND SON ALUMINUM INC.**



Principal Place of Business      Mailing Address

**718 SANTA FE AVENUE**      **718 SANTA FE AVENUE**  
**ORMOND BEACH, FL 32174**      **ORMOND BEACH, FL 32174**

**DO NOT WRITE IN THIS SPACE**



02292004    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>59-3492073</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**GILLESPIE, MARK**  
**718 SANTA FE AVENUE**  
**ORMOND BEACH, FL 32174**

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARK GILLESPIE 718 SANTA FE AVE ORMOND BCH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PERRONE, STEPHEN <del>4023 CALLE GRANDE</del> 106 Fiesta Dr <del>HOLLY HILL, FL 32117</del> Ormond Bch FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GILLESPIE BRIAN    Gillespie Brian 2485 SANTA FE AVE. 1581 Tuscaloosa Ave ORMOND BEACH, FL 32174    Holly Hill FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. 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 like empowered.

SIGNATURE: Mark Gillespie    **MARK Gillespie**    3-3-04    (386)673-7133

\_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #