

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90043 037 ***150.00

DOCUMENT # P97000069017

1. Entity Name

SUITERS ALUMINUM, INC.



Principal Place of Business

6042 D. SIESTA LN.
 PORT RICHEY FL 34668

Mailing Address

6042 D. SIESTA LN.
 PORT RICHEY FL 34668

2. Principal Place of Business

7823 CLARK MOODY BLVD.

Suite, Apt. #, etc.

3. Mailing Address

7823 CLARK MOODY BLVD.

Suite, Apt. #, etc.

City & State

PORT RICHEY FLORIDA

City & State

PORT RICHEY, FLORIDA

4. FEI Number

59-3461435

Applied For

Not Applicable

Zip

34668

Country

USA

Zip

34668

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

SUITERS, CHRIS
 6042 D. SIESTA LN.
 PORT RICHEY FL 34668

7. Name and Address of New Registered Agent

Name

CHRISTOPHER SUITERS

Street Address (P.O. Box Number is Not Acceptable)

7823 CLARK MOODY BLVD.

City

PORT RICHEY

FL

Zip Code

34668

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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SUITERS, CHRISTOPHER	
STREET ADDRESS	6042 D SIETA LN	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	V	<input type="checkbox"/> Delete
NAME	SUITERS, DAVID	
STREET ADDRESS	1528 TOLEDO ST.	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE	T	<input type="checkbox"/> Delete
NAME	SUITERS, THEODORE	
STREET ADDRESS	3258 ENDLEY ROAD	
CITY-ST-ZIP	BROOKSVILLE FL 34609	
TITLE	S	<input type="checkbox"/> Delete
NAME	SUITERS, TERENCE	
STREET ADDRESS	1751 RAGLAND AVENUE	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Christopher Suiter CHRISTOPHER SUITERS

MARCH 1, 2004

727-849-9519

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #