2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State
04-17-2007 90239 003 ***150.00

DOCUMENT # P97000069017

1. Entity Name
SUITERS ALUMINUM, INC.

40065648

03162007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
7823 CLARK MOODY BLVD. PORT RICHEY, FL 34668	7823 CLARK MOODY BLVD. PORT RICHEY, FL 34668

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7824 LEO KIDD AVENUE	7824 LEO KIDD AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT RICHEY FLORIDA	City & State: PORT RICHEY, FLORIDA
Zip: 34668 Country: USA	Zip: 34668 Country: USA

4. FEI Number: 59-3461435 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SUITERS, CHRISTOPHER 7823 CLRK MOODY BOULEVARD PORT RICHEY, FL 34668	Name: CHRISTOPHER SUITERS Street Address (P.O. Box Number is Not Acceptable): [redacted] 7427 VALLEY COURT City: NEW PORT RICHEY FL Zip Code: 34653

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] CHRISTOPHER SUITERS PRESIDENT MARCH 20, 2007
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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SUITERS, CHRISTOPHER 7823 CLARK MOODY BOULEVARD PORT RICHEY, FL 34668	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CHRISTOPHER SUITERS 7427 VALLEY COURT NEW PORT RICHEY, FLORIDA 34653	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SUITERS, DAVID 1528 TOLEDO ST. HOLIDAY, FL 34690	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SUITERS, THEODORE 12232 CENTER DR SPRING HILL, FL 34609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T THEODORE SUITERS 10467 CARNES STREET WEEKI WACHEE, FL 34613	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SUITERS, TERENCE 1751 RAGLAND AVENUE CLEARWATER, FL 33765	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] CHRISTOPHER SUITERS MARCH 20, 2007 727-849-9519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #