2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000010421

1. Entity Name

BRIGHT MORNING STAR SCREENING & ALUMINUM,



827 HAMMOCKWOOD CT SARASOTA, FL 34242 34232

Principal Place of Business

Mailing Address 827 HAMMOCKWOOD CT SARASOTA, FL 34242 342 32

FILED May 20, 2008 8:00 am Secretary of State

05-20-2008 90004 003 ***150.00



04212008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3562651

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

1804 BERN CREEK LOOP 827 HAMMOCK WOOL CT.

DO NOT WRITE IN THIS SPACE

SARASOTA, FL 34240 34232 DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plans of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered	d Agent signaturi	a required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			ncin g	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, MANFRED 827 HAMMOCKWOOD CT SARASOTA, FL 34240					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS						

12. I hereby certify that the information supplied with this filling 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: _

ING OFFICER OR DIRECTOR

manfael Robinsin Dela

941-371-1215