


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90508 009 ***150.00

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| DOCUMENT # P99000061754 | |  |
| 1. Entity Name S & B SCREENING & ALUMINUM, INC. | | |

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| Principal Place of Business 2171 SIMPSON AVENUE NORTH PORT, FL 34286 US | Mailing Address 2171 SIMPSON AVENUE NORTH PORT, FL 34286 US |
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| 2. Principal Place of Business 253 Center CT Suite, Apt. #, etc. | 3. Mailing Address 2171 Simpson Ave Suite, Apt. #, etc. |
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|----------------------------|--------------------------------|-----------------------------|-------------------------------|
| City & State Venice, FL | City & State North Port, FL | 4. FEI Number 65-0936238 | Applied For Not Applicable |
| Zip 34292 | Country USA | Zip 34286 | Country USA |

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| 6. Name and Address of Current Registered Agent BOYER, KEVIN A 2171 SIMPSON AVENUE NORTH PORT, FL 34286 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP BOYER, KEVIN A 2171 SIMPSON AVENUE NORTH PORT, FL 34286 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPD BOYER, JAMIE 2171 SIMPSON AVENUE NORTH PORT, FL 34286 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 fee empowered.

SIGNATURE: Kevin A. Boyer 4/19/04 (941) 493-6343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #