

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000074182

1. Entity Name
FLORIDA SCREEN & ALUMINUM, INC.



Principal Place of Business
**274 WEST DRIVE
MELBOURNE, FL 32904**

Mailing Address
**274 WEST DRIVE
MELBOURNE, FL 32904**



02152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3599306

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CARUSO, JOE T
800 E MERRITT ISLAND CSWY, SUITE 200
MERRITT ISLAND, FL 32952**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

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**

**000000639452
02/28/07-80026-025 150.00**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME METCALF, ROGER S A
STREET ADDRESS 274 WEST DRIVE
CITY-ST-ZIP MELBOURNE, FL 32904

TITLE VPD
NAME SPILLERS, MICHAEL W
STREET ADDRESS 274 WEST DRIVE
CITY-ST-ZIP MELBOURNE, FL 32904

TITLE VPD
NAME METCALF, SCOTT A
STREET ADDRESS 274 WEST DRIVE
CITY-ST-ZIP MELBOURNE, FL 32904

TITLE STD
NAME SHORT, BARBARA A
STREET ADDRESS 274 WEST DRIVE
CITY-ST-ZIP MELBOURNE, FL 32904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott A. Metcalf
Scott A. Metcalf

2/16/07
2/16/07

Date

321-723-2500
321-723-2500

Daytime Phone #