


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90302 008 ***150.00

DOCUMENT # S44853 1. Entity Name C & M ALUMINUM ADDITIONS, INC.	
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Principal Place of Business 1036 S HWY 17 SATSUMA, FL 32189 US	Mailing Address 1036 S HWY 17 SATSUMA, FL 32189 US
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DO NOT WRITE IN THIS SPACE

94049243



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3056602	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TOWNSEND JR, WILLIAM L. 200 REID ST FIRST UNION BANK BLDG PALATKA, FL 32178-0250
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP POUPORE, GORDON ELI 201 PICKEREL AVE SAN MATEO, FL 32187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST POUPORE, MARCIA ANN 201 PICKEREL AVE SAN MATEO, FL 32187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALLOY, LOUIS WILFRED 1042 S HWY 17 SATSUMA, FL 32189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV POUPORE, RICKY J 116 A DIX LN SAN MATEO, FL 32187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Marcia A Poupo **MARCIA A POUPORE** 4-6-04 386-649-9930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #