2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S44853

FILED Jan 13, 2005 Secretary of State

Entity Name: C & M ALUMINUM ADDITIONS, INC.					
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
1036 S HW SATSUMA	VY 17 ., FL 32189	US			
Current Mailing Address:			New Mailing Address:		
1036 S HV SATSUMA	VY 17 ., FL 32189	US			
FEI Number:	59-3056602	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
TOWNSEND JR, WILLIAM L. 200 REID ST FIRST UNION BANK BLDG PALATKA, FL 321780250 US			200 REID ST CAPITEL CITY BANI	TOWNSEND JR, WILLIAM L. 200 REID ST CAPITEL CITY BANK BLDG PALATKA, FL 321780250 US	
	named entity of Florida.	submits this statement for the pu	urpose of changing its register	red office or registered agent, or both,	
SIGNATURE: WILLIAM L. TOWNSEND JR.				01/13/2005	
	Electro	nic Signature of Registered Ager	nt	Date	
Election Car	npaign Financii	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP (POUPORE, G 201 PICKERE SAN MATEO,	L AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DST (POUPORE, M 201 PICKERE SAN MATEO,	L AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (MALLOY, LOU 1042 S HWY SATSUMA, FL	17	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	DV () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MARCIA A POUPORE SEC 01/13/2005

POUPORE, ŘÍČKY J

SAN MATEO, FL 32187

116 A DIX LN

Name:

Address:

City-St-Zip: