


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S44853</b> 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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02102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3056602</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  TOWNSEND JR, WILLIAM L. 200 REID ST CAPITEL CITY 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

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	

U00000527298  
05/04/06-80108-005 150.00

**DO NOT WRITE  
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: Marcia A. Poupore 2-10-06 386-249-9930  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #