

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S44853

FILED
Apr 16, 2009
Secretary of State

Entity Name: C & M ALUMINUM ADDITIONS, INC.

Current Principal Place of Business:

1036 S HWY 17
SATSUMA, FL 32189 US

New Principal Place of Business:

Current Mailing Address:

1036 S HWY 17
SATSUMA, FL 32189 US

New Mailing Address:

FEI Number: 59-3056602 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOWNSEND JR, WILLIAM L.
200 REID ST
CAPITEL CITY BANK BLDG
PALATKA, FL 321780250 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: POUPORE, MARCIA ANN
Address: 201 PICKEREL AVE
City-St-Zip: SAN MATEO, FL 32187

Title: EVP () Delete
Name: MALLOY, LOUIS WILFRED
Address: 1042 S HWY 17
City-St-Zip: SATSUMA, FL 32189

Title: DP () Delete
Name: POUPORE, RICKY J
Address: 203 LANDMARK AV
City-St-Zip: SATSUMA, FL 32189

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: POUPORE, RICKY J
Address: 203 LANDMARK AVE
City-St-Zip: SATSUMA, FL 32189

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DST (X) Change () Addition
Name: POUPORE, AMY D
Address: 203 LANDMARK AV
City-St-Zip: SATSUMA, FL 32189

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: AMY POUPORE

DST

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date