

# **2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# S44853

Entity Name: C & M ALUMINUM ADDITIONS, INC.

**FILED**  
**Jun 12, 2009**  
**Secretary of State**

**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:**

POUPORE, RICKY  
1036 S. HWY 17  
SATSUMA, FL 32189 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

**OFFICERS AND DIRECTORS:**

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: DST (X) Change ( ) Addition  
Name: POUPORE, MARCIA A  
Address: 121 SUNGLOW AVE  
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 D POUPORE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DVP

06/12/2009

\_\_\_\_\_  
Date