

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # S57860 1. Entity Name WISHON'S ALUMINUM, INC.				Apr 07, 2008 08 Secretary of S	
Principal Place of Business 771 N MOODY RD PALATKA, FL 32177		Mailing Address 771 N MOODY RD PALATKA, FL 32177			
DO NOT WRITE IN THIS SPACE				03292008 No Chg-P CR2E034 (11/05)	
				4. FEI Number 59-3072047	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WISHON, NATHAN A., SR. 771 N MOODY RD PALATKA, FL 32177					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		UUUUUU00ATE355 04/17/08 00001-021 150.00	
10. OFFICERS AND DIRECTORS					
TITLE	S				
NAME	WISHON, NATHAN A., SR.				
STREET ADDRESS	771 N MOODY RD				
CITY-ST-ZIP	PALATKA, FL 32177				
TITLE	PD				
NAME	WISHON, RITA G.				
STREET ADDRESS	771 N MOODY RD				
CITY-ST-ZIP	PALATKA, FL 32177				
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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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 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: _____ RITA G. WISHON, PRES. Date _____ (386) 328-8575 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					