

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 15, 2005 08:00 AM
Secretary of State

DOCUMENT # V33429

1. Entity Name
PROTECTION PLUS ALUMINUM SPECIALISTS, INC.



Principal Place of Business

1713 CONN AVE
ST. CLOUD, FL 34771 US

Mailing Address

490 NEEDLE BLVD.
MERRITT ISLAND, FL 32953 US



08112005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3127445

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HAYES, DENNIS L.
490 NEEDLE BLVD.
MERRITT ISLAND, FL 32953

**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
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	HAYES, RHONDA
STREET ADDRESS	490 NEEDLE BLVD.
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	SVP
NAME	HAYES, DENNIS
STREET ADDRESS	490 NEEDLE BLVD.
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/15/05-80004-017 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Dennis HAYES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P.

8-11-05

Date

323-6043
321-453-
Daytime Phone #