


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 08:00 AM
Secretary of State

| | |
|---------------------------------------|---|
| DOCUMENT # P03000137648 |  |
| 1. Entry Name FRANCIS SIDING, INC. | |

| | |
|--|--|
| Principal Place of Business 2531 GLENWOOD DR EDGEWATER, FL 32141 | Mailing Address 2531 GLENWOOD DR EDGEWATER, FL 32141 |
|--|--|

DO NOT WRITE IN THIS SPACE



01082005 No Chg-P CR2E034 (10/03)

| | |
|---|--------------------------------|
| 4. FEI Number 20-0349330 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent FRANCIS, WILLIAM C 2531 GLENWOOD DR EDGEWATER, FL 32141 | 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 re-registering) DATE _____

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP FRANCIS, WILLIAM C 2531 GLENWOOD DR EDGEWATER, FL 32141 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS FRANCIS, RICHARD J 2726 INDIA PALM DR EDGEWATER, FL 32141 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT FRANCIS, ROBERT P 2724 INDIA PALM DR EDGEWATER, FL 32141 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U000000178284
01/12/05-80022-001 150.00

**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)(f), 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: William C Francis WILLIAM C FRANCIS 1-9-05 1-396-427-2760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #