

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 002990

1. Entity Name
DOZIER & GAY PAINT COMPANY



Principal Place of Business

3529 ENTERPRISE WAY
GREEN COVE SPRINGS, FL 32043 US

Mailing Address

3529 ENTERPRISE WAY
GREEN COVE SPRINGS, FL 32043 US



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0224423

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOPOLOUSOS, JOHN
1279 KINGSLEY AVE., SUITE 118
P O BOX 3176
ORANGE PARK, FL 32073

**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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PAS
NAME MORAN, LAWRENCE W
STREET ADDRESS 1541 STRATFORD CT
CITY-STATE-ZIP JACKSONVILLE, FL 32259

TITLE S
NAME EDWARDS, CHAD F
STREET ADDRESS 1117 COLONIAL DRIVE
CITY-STATE-ZIP ALABASTER, AL 35007

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
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CITY-STATE-ZIP

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NAME
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CITY-STATE-ZIP

1000000003072
01/13/04-80040-020 158.75

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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 charged, or on an attachment with an address, with all other like empowered

SIGNATURE Lawrence W Moran LAWRENCE W. MORAN 1-6-04 904-284-8777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #