


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 288382</b> 1. Entity Name SUPERIOR MILLWORK COMPANY	
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Principal Place of Business  
501 EAST 27TH STREET  
P.O. BOX 3321  
JACKSONVILLE, FL 32206

Mailing Address  
501 EAST 27TH STREET  
P.O. BOX 3321  
JACKSONVILLE, FL 32206



03022005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1086353</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

POLLY, FRANCIS J III  
501 E 27TH ST  
JACKSONVILLE, FL 32206

**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**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

1100000300139  
04/12/05-80005-025 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	POLLY, FRANCIS J III
STREET ADDRESS	306 HOLLY AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32211

TITLE	S
NAME	POLLY, JENIFER D
STREET ADDRESS	306 HOLLY AVE.
CITY-ST-ZIP	JACKSONVILLE, FL 32211

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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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 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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/05 904-355-5675

Date

Daytime Phone #