

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # G54553

1. Entity Name
JOHN'S FRAMING AND TRIM, INC.



Principal Place of Business

% JOHN J. DEVINE
2265 S. LAGOON CIRCLE
CLEARWATER, FL 34625

Mailing Address

% JOHN J. DEVINE
2265 S. LAGOON CIRCLE
CLEARWATER, FL 34625

DO NOT WRITE IN THIS SPACE



04152004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2320730

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

DEVINE, JOHN J.
2265 S. LAGOON CIRCLE
CLEARWATER, FL 34625

**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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD DEVINE, JOHN J. 2265 S. LAGOON CIRCLE CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEVINE, MARIE A. 2265 S. LAGOON CIRCLE CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERNANDEZ, LORENZO 3937 PARK BLVD LOT 3 PINELLAS PARK, FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/27/04-80081-015 150.00

**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)(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:

Marie A. Devine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-04 727-797-0167