


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2004 8:00 am**  
**Secretary of State**

05-14-2004 90011 008 \*\*\*150.00

DOCUMENT # <b>L48599</b>	
1. Entity Name <b>Dome Ceilings of Volusia County, Inc.</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>50 Choctaw Trail</b>	3. Mailing Address <b>50 Choctaw Trail</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Ormond Beach, Florida</b>	City & State <b>Ormond Beach, Florida</b>
Zip <b>32174</b>	Country <b>USA</b>

4. FEI Number <b>59-2984278</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <b>Amy Willis</b>	
Street Address (P.O. Box Number is Not Acceptable)	
<b>50 Choctaw Trail</b>	
City <b>Ormond Beach</b>	FL Zip Code <b>32174</b>

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 **Amy Willis** **4/28/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Willis, Samuel T - President</b> <b>50 Choctaw Trail</b> <b>Ormond Beach, FL 32174</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Willis, Amy B</b> <b>50 Choctaw Trail</b> <b>Ormond Beach, FL 32174</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Amy Willis - Vice President 4/28/04** **386-677-3907**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)