

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2004 8:00 am
Secretary of State

08-18-2004 90004 042 ***150.00

DOCUMENT # P01000003098

1. Entity Name
IDEAL FRAMING AND CONSTRUCTION, INC.



Principal Place of Business
12355 FIELD BLUFF ROAD
JACKSONVILLE, FL 32258

Mailing Address
12355 FIELD BLUFF ROAD
JACKSONVILLE, FL 32258

54068759



2. Principal Place of Business

12355 Field Bluff Rd

3. Mailing Address

12355 Field Bluff Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08102004

Chg-P

CR2E034 (10/03)

City & State

JAX, FLA

City & State

JAX, FLA

4. FEI Number

59-3690876

Applied For

Not Applicable

Zip

Country

32223 US

Zip

Country

32223 US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWEET, THOMAS J
6120-10 POWERS AVE #23
JACKSONVILLE, FL 32217

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME ROBINSON, DAVID E
STREET ADDRESS 5121 THOROUGHbred BLVD
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME Robinson, David E
STREET ADDRESS 12355 Field Bluff Rd.
CITY-ST-ZIP JAX, FLA. 32223

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

David E Robinson


8-16-04

904-509-0220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT
5406875-9www.sunbiz.org

Division of Corporations

Receipt

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

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