

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90024 010 ***150.00

DOCUMENT # P01000042252

1. Entity Name
DIPAUL FRAMING, INC.



Principal Place of Business
**8149-1 103RD STREET
JACKSONVILLE, FL 32210**

Mailing Address
**8149-1 103RD STREET
JACKSONVILLE, FL 32210**

24019291



2. Principal Place of Business
8275-1 103rd St

3. Mailing Address
8275-1 103rd St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03082004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-3715698

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**MILNE, SHARON B
1000 RIVERSIDE AVE., SUITE 500
JACKSONVILLE, FL 32204**

7. Name and Address of New Registered Agent

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 \$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 ☐ Delete
NAME **PD BAKER, RANDY**
STREET ADDRESS **8436 ROCKRIDGE COURT**
CITY-ST-ZIP **JACKSONVILLE, FL 32244**

TITLE ☐ Delete
NAME **VPD DIPAUL, ANTHONY**
STREET ADDRESS **500 CLERMONT DRIVE W.**
CITY-ST-ZIP **ORANGE PARK, FL 32073**

TITLE ☐ Delete
NAME **ST BAKER, JUDY A**
STREET ADDRESS **8436 ROCKRIDGE COURT**
CITY-ST-ZIP **JACKSONVILLE, FL 32244**

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

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

TITLE ☐ Change ☐ Addition
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NAME
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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:

Randy Baker

Randy Baker, President

3-11-04

904-573-9666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #