


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000042252 1. Entity Name DIPAUL FRAMING, INC.	
--	---

Principal Place of Business 8275-1 103RD ST JACKSONVILLE, FL 32210	Mailing Address 8275-1 103RD ST JACKSONVILLE, FL 32210
--	--



01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3715698	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MILNE, SHARON B 1000 RIVERSIDE AVE., SUITE 500 JACKSONVILLE, FL 32204
--

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

U000000196660
01/26/05-80079-001 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD BAKER, RANDY 8436 ROCKRIDGE COURT JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPD DIPAUL, ANTHONY 500 CLERMONT DRIVE W. ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST BAKER, JUDY A 8436 ROCKRIDGE COURT JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-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:  RANDY BAKER, PRESIDENT 1-25-05 904-573-9666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #