

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90047 028 ***150.00

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01302007 Chg-P CR2E034 (12/06)

DOCUMENT # P01000042252 1. Entity Name DIPAU FRAMING, INC.					
Principal Place of Business 8275-1 103RD ST JACKSONVILLE, FL 32210			Mailing Address 8275-1 103RD ST JACKSONVILLE, FL 32210		
2. Principal Place of Business - No P.O. Box # 8249 103rd Street		3. Mailing Address 8249 103rd Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 59-3715698	
Zip 32210		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32210		Country			
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAKER, RANDY 8436 ROCKRIDGE COURT JACKSONVILLE, FL 32244		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DIPAU, ANTHONY 500 CLERMONT DRIVE W. ORANGE PARK, FL 32073		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 457 Baybrook Drive Orange Park, FL 32003-8090	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BAKER, JUDY A 8436 ROCKRIDGE COURT JACKSONVILLE, FL 32244		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Randy Baker</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Randy Baker, President <i>2-14-07</i> <i>904-838-0527</i> <small>Date Daytime Phone #</small>		

ATTACHMENT
40023347
#0010000042252

JOHN R. PRIDGEN, C.P.A.
CHARLES E. BONE, C.P.A.
CHARLES F. WINNEY, C.P.A.
RETIRED
CHARLES N. WOLFE, C.P.A.

JAMES AND HARRIS
CERTIFIED PUBLIC ACCOUNTANTS
857 SOUTH EDGEWOOD AVENUE
JACKSONVILLE, FLORIDA 32205
(904) 389-2725 FAX (904) 389-3474

MEMBERS OF:
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

DiPual Framing, Inc.
8249 103rd Street
Jacksonville, FL 32210-7135

Date January 31, 2007

Enclosed are forms which should be signed, dated and mailed before the date shown below. Remittance should accompany the returns only where indicated.

Form Number	Mail To:	Date	Remit
Uniform Business Report (UBR)	Division of Corporations Uniform Business Report Filings P O Box 1500 Tallahassee, FL 32302-1500	05-01-07	\$ 150.00

(MAKE CHECKS PAYABLE TO: FLORIDA DEPARTMENT OF STATE)

Special instructions, only the items marked X apply to you.

Joint return, must be signed by both husband and wife.

Affix corporate seal.

Credit for overpayment, in the amount of \$_____, has been applied against estimated tax for current year.

Refund has been requested for overpayment in the amount of \$_____.

X Copy is enclosed for your files.

Other: _____

By _____