

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90228 050 ***158.75

DOCUMENT # P02000023978

1. Entity Name

DALE JONES PLASTERING AND STUCCO, INC.



Principal Place of Business

**7520 MEADOWLAWN DRIVE NORTH
SAINT PETERSBURG FL 33702**

Mailing Address

**7520 MEADOWLAWN DRIVE NORTH
SAINT PETERSBURG FL 33702**

34071301



MOORE

CR2E034 (11/03)

2. Principal Place of Business

ST Pete / Tampa
Suite, Apt. #, etc.

3. Mailing Address

Change
13910 WINDFALL LANE
Suite, Apt. #, etc.

City & State

Odessa FL

City & State

Odessa FL

4. FEI Number

26-2779215

Applied For

Not Applicable

Zip

Country

Zip

33556-5553 Pasco

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

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

Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution.**

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete
NAME JONES, DALE
STREET ADDRESS 7520 MEADOWLAWN DRIVE NORTH
CITY-ST-ZIP SAINT PETERSBURG FL 33702

TITLE SVD ☐ Delete
NAME BURGESS, CHRISTINE
STREET ADDRESS 2160 BRAMBLE WOOD DRIVE N
CITY-ST-ZIP CLEARWATER FL 33763

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 ☐ 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

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

DALE R JONES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/04
Date

727-455-5297
Daytime Phone #