

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 18, 2004 08:00 AM  
Secretary of State

DOCUMENT # P02000083222

1. Entity Name

DESIGNERS & BUILDERS SOURCE, INC.



Principal Place of Business

365 BLANDING BLVD  
ORANGE PARK FL 32073

Mailing Address

365 BLANDING BLVD  
ORANGE PARK FL 32073

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

48-1277843

Applied For

Not Applicable

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

LEPRELL, SAMUEL L  
1930 SAN MARCO BLVD  
STE 201 ST MARKS PLACE  
JACKSONVILLE FL 32207

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 NAME ☐ Delete

MODLING, A. CALVIN  
365 BLANDING BLVD  
ORANGE PARK FL 32073

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

000000056303  
02/19/04-80013-019 150.00

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

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)(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:

*A. Calvin Modling*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-04  
Date

706-260-0609  
Daytime Phone #