

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000120268

1. Entity Name

R & R VINYL SIDING OF FRANKLIN COUNTY, INC.



Principal Place of Business

90 10 ST
APALACHICOLA, FL 32320

Mailing Address

90 10 ST
APALACHICOLA, FL 32320

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052004

Chg-P

CR2E034 (10/03)

4. FEI Number

04-3725611

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

SMITH, RONALD E
90 10 ST
APALACHICOLA, FL 32320

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)

400027901414

01/30/04--01003--003 **150.00

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	P	<input type="checkbox"/> Delete
NAME	SMITH, RONALD E	
STREET ADDRESS	90 10 ST	
CITY-ST-ZIP	APALACHICOLA, FL 32320	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	THOUROT, MICHAEL	
STREET ADDRESS	90 10 ST	
CITY-ST-ZIP	APALACHICOLA, FL 32320	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CARROL, TINA	
STREET ADDRESS	90 10TH ST.	
CITY-ST-ZIP	APALACHICOLA, FL 32320	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patsy Lane-Smith ✓ Patsy Lane-Smith
STREET ADDRESS	90 10TH ST
CITY-ST-ZIP	APALACHICOLA FL 32320
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

00653-9020

FILED
04 JAN -5 PM 6:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

