

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 14, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000018090

**1. Entity Name
FARRIS HOME IMPROVEMENTS, INC.**



**Principal Place of Business
2752 PACES FERRY RD W.
ORANGE PARK, FL 32073**

**Mailing Address
2752 PACES FERRY RD W.
ORANGE PARK, FL 32073**



01122005 No Chg-P CR2E034 (10/03)

**4. FEI Number
61-1440416**

**Applied For
Not Applicable**

**5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FARRIS, JENNIFER D
2752 PACES FERRY RD W.
ORANGE PARK, FL 32073**

**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

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, 2005 Fee will be \$550.00**

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

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FARRIS, FLOYD JR.
STREET ADDRESS	2752 PACES FERRY RD W.
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	D
NAME	FARRIS, JENNIFER D
STREET ADDRESS	2752 PACES FERRY RD W.
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/14/05-80034-018 150.00

**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)(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:

Jennifer D. Farris
JENNIFER D. FARRIS

1/12/05 904-783-2195
1/12/05 904-783-2195

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #