

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90023 007 ***150.00

DOCUMENT # P03000028434

1. Entity Name
DOUGLASS & SON, INC.



Principal Place of Business
**RT 10, BOX 526 J
LAKE CITY, FL 32025**

Mailing Address
**RT 10, BOX 526 J
LAKE CITY, FL 32025**



2. Principal Place of Business
510 SW Broderick Dr

3. Mailing Address
510 SW Broderick Dr.

Suite, Apt. #, etc.

02042004 Chg-P CR2E034 (10/03)

City & State
Lake City, Florida

City & State
Lake City, Florida

Zip
32025

Country
USA

Zip
32025

Country
USA

4. FEI Number
56-2327115

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**DOUGLASS, RODNEY
RT 10, BOX 526 J
LAKE CITY, FL 32025**

7. Name and Address of New Registered Agent

Name
Douglass, Rodney

Street Address (P.O. Box Number is Not Acceptable)
510 SW Broderick Drive

City
Lake City

FL

Zip Code
32025

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 **Rodney Douglass** **Rodney Douglass** **2/4/04**

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

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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	D DOUGLASS, RODNEY RT 10, BOX 526 J LAKE CITY, FL 32025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Douglass, Rodney 510 SW. Broderick Drive Lake City Florida 32025 <input checked="" 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
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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 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: **Rodney Douglass** **Rodney Douglass** **2/4/04** **386-984-0502**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #