

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 23, 2004 8:00 am**  
**Secretary of State**

07-23-2004 90005 028 \*\*\*550.00

**DOCUMENT # P03000073932**

1. Entity Name

DECORATIVE DOOR & GLASS, INC.



Principal Place of Business

420 BLANDING BLVD.  
ORANGE PARK FL 32073

Mailing Address

420 BLANDING BLVD.  
ORANGE PARK FL 32073

44049523



MOORE CR2E034 (11/03)

2. Principal Place of Business

1508 Park Ave  
Suite, Apt. #, etc.

3. Mailing Address

1508 Park Ave  
Suite, Apt. #, etc.

City & State

ORANGE PARK, FL

City & State

ORANGE PARK, FL

4. FEI Number

45-0523593

Applied For

Not Applicable

Zip

32073

Country

CLAY

Zip

32073

Country

CLAY

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DUKES, RICHARD E  
420 BLANDING BLVD.  
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name  
Dukes, Richard E  
Street Address (P.O. Box Number is Not Acceptable)  
1508 Park Ave

City  
ORANGE PARK FL Zip Code  
32073

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  
STREET ADDRESS  
CITY-ST-ZIP  
P  
DUKES, RICHARD E  
5503 PATSY ANN DR.  
JACKSONVILLE FL 32207 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP, Sec  
Dukes, Suzanne E  
5503 Patsy Ann Dr  
Jacksonville, FL 32207 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
  
  
  
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
  
  
  
☐ Change ☐ Addition

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☐ Change ☐ 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: Suzanne W Dukes Suzanne W Dukes, Sec.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-22-04

Date

904-215-6620

Daytime Phone #