

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90048 034 ***158.75

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1. Entity Name

NORTH FLORIDA ARCHITECTURAL METALS, INC.



Principal Place of Business

764 SAN MATEO RD
P O BOX 677
SAN MATEO FL 32187-0677

Mailing Address

764 SAN MATEO RD
P O BOX 677
SAN MATEO FL 32187-0677

24032267



MOORE

CR2E034 (11/03)

2. Principal Place of Business

701 NORTH MOODY ROAD

Suite, Apt. #, etc.

UNIT # 11-2

City & State

PALATKA, FL

Zip

32177

Country

USA

3. Mailing Address

701 NORTH MOODY ROAD

Suite, Apt. #, etc.

UNIT # 11-2

City & State

PALATKA, FL

Zip

32177

Country

USA

4. FEI Number

59-3682718

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GAINEY, SUSIE K
764 SAN MATEO RD
SAN MATEO FL 32187-0677

7. Name and Address of New Registered Agent

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 P ☐ Delete
NAME GAINIEY, EDWIN L
STREET ADDRESS 106 BRANDI LANE
CITY-ST-ZIP PALATKA FL 32177

TITLE V ☐ Delete
NAME WORKMAN, JUSTIN T
STREET ADDRESS 1789 COVENTRY CT
CITY-ST-ZIP MIDDLEBERG FL 32068

TITLE ST ☐ Delete
NAME GAINIEY, SUSIE K
STREET ADDRESS 764 SAN MATEO RD
CITY-ST-ZIP SAN MATEO FL 32187-0677

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: Susie K. Gainey SUSIE K. GAINIEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-04 386-325-2699

Date

Daytime Phone #