
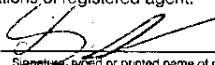
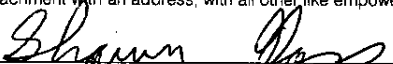


# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

|   |  |                                   |  |  |  |   |  |
|---|--|-----------------------------------|--|--|--|---|--|
| <b>DOCUMENT # P03000114514</b><br>1. Entity Name<br><b>DOSS DECKING &amp; FRAMING, INC.</b>   |  |                                   |  |   |  | <div style="transform: rotate(-15deg);"> <b>FILED</b><br/> <b>04 JUN 16 AM 11:17</b><br/> <b>SECRETARY OF STATE</b><br/> <b>TALLAHASSEE, FLORIDA</b> </div> |  |
| Principal Place of Business<br><b>3919 SEABRIDGE DRIVE</b><br><b>ORLANDO, FL 32839</b>  |  |                                   |  | Mailing Address<br><b>3919 SEABRIDGE DRIVE</b><br><b>ORLANDO, FL 32839</b>   |  |   |  |
| 2. Principal Place of Business<br><b>119 E SPRUCE ST</b><br>Suite, Apt. #, etc.   |  |                                   |  | 3. Mailing Address<br><b>119 E SPRUCE ST</b><br>Suite, Apt. #, etc.  |  |   |  |
| City & State<br><b>ORLANDO FL</b>   |  | City & State<br><b>ORLANDO FL</b> |  | 4. FEI Number<br><b>33-1072151</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| Zip<br><b>32839</b>   |  | Country<br><b>US</b>              |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  | 06152004 Chg-P CR2E034 (10/03)  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HANSON, SHERRY A</b><br><b>205 1/2 W. PRINCETON</b><br><b>ORLANDO, FL 32804</b>   |  |                                   |  | 7. Name and Address of New Registered Agent<br><div style="background-color: black; height: 20px; width: 100%;"></div> Street Address (P.O. Box Number is Not Acceptable)<br><div style="background-color: black; height: 20px; width: 100%;"></div> City<br><div style="background-color: black; height: 20px; width: 100%;"></div> <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code<br/><b>32804</b></span> </div> |  |   |  |
| 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.<br><br>SIGNATURE  DATE <b>6/15/04</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |                                   |  |  |  |   |  |
| <b>Amended AR is \$61.25</b>  |  |                                   |  | 9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |  |   |  |
| 10. OFFICERS AND DIRECTORS  |  |                                   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |   |  |
| TITLE <b>P</b> <input type="checkbox"/> Delete<br>NAME <b>DOSS, SHAWN A SR.</b><br>STREET ADDRESS <b>3919 SEABRIDGE DRIVE</b><br>CITY-ST-ZIP <b>ORLANDO, FL 32839</b>   |  |                                   |  | TITLE <b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>NAME <b>ROBERT KOTT</b><br>STREET ADDRESS <b>119 E SPRUCE ST</b><br>CITY-ST-ZIP <b>ORLANDO FL 32839</b>   |  |   |  |
| TITLE <b>V</b> <input checked="" type="checkbox"/> Delete<br>NAME <b>GARCIA, FELIX E</b><br>STREET ADDRESS <b>3919 SEABRIDGE DRIVE</b><br>CITY-ST-ZIP <b>ORLANDO, FL 32839</b>  |  |                                   |  | NAME <b>000038206280</b><br>STREET ADDRESS <b>06/23/04--01087--008</b> <b>**\$75.00</b>  |  |   |  |
| TITLE <b>T</b> <input type="checkbox"/> Delete<br>NAME <b>ALLEN, TRONEY L</b><br>STREET ADDRESS <b>3919 SEABRIDGE DRIVE</b><br>CITY-ST-ZIP <b>ORLANDO, FL 32839</b>   |  |                                   |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |                                   |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |                                   |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |                                   |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>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: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |                                   |  | <b>6/15/04</b> <b>3212996508</b><br><small>Date Daytime Phone #</small>  |  |   |  |