

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000123427

1. Entity Name:

GARNER FRAMING, INC.



FILED
04 MAY -5 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2724 RAINTREE CIRCLE
TALLAHASSEE FL 32308
US

Mailing Address

2724 RAINTREE CIRCLE
TALLAHASSEE FL 32308
US

2. Principal Place of Business

2724 Raintree Circle

Suite, Apt. #, etc.

3. Mailing Address

2724 Raintree Circle

Suite, Apt. #, etc.

STAR



MOORE

CR2E034 (11/03)

City & State

Tallahassee, FL

Zip

32308

Country

LEON

City & State

Tallahassee, FL

Zip

32308

Country

LEON

4. FEI Number

20-0343025

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARNER, JOLOYN
2724 RAINTREE CIRCLE
TALLAHASSEE FL 32308

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 GARNER, JOLOYN
STREET ADDRESS 2724 RAINTREE CIRCLE
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE V ☐ Delete
NAME MCCARL, JASON
STREET ADDRESS 2724 RAINTREE CIRCLE
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE T ☐ Delete
NAME GARNER, DELMAR
STREET ADDRESS 2724 RAINTREE CIRCLE
CITY-ST-ZIP TALLAHASSEE FL 32308

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
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Joelyn Garner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

Date

850/933/5842

Daytime Phone #