

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-10-2004 90450 009 ***150.00

DOCUMENT # P03000126306

1. Entity Name

SPECIALTY EXTERIORS, INC.



Principal Place of Business

**4529 CHUMUCKLA HIGHWAY
SUITE C
PACE FL 32571**

Mailing Address

**4529 CHUMUCKLA HIGHWAY
SUITE C
PACE FL 32571**

2. Principal Place of Business

4020 Charles Circle

Suite, Apt. #, etc.

3. Mailing Address

4020 Charles Circle

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Pace FL

City & State

Pace FL

4. FEI Number

371479146

Applied For

Not Applicable

Zip

32571

Country

U.S.

Zip

32571

Country

U.S.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DANIELS, DOVER D
4529 CHUMUCKLA HIGHWAY
SUITE C
PACE FL 32571**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4020 Charles Circle

City

Pace

FL

Zip Code

32571

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

Dover Daniels

5-3-04

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

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 **D** ☐ Delete
NAME **DANIELS, DOVER D**
STREET ADDRESS **4529 CHUMUCKLA HIGHWAY SUITE C**
CITY-ST-ZIP **PACE FL 32571**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
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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 **4020 Charles Circle**
CITY-ST-ZIP **Pace FL 32571**

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

TITLE ☐ Change ☐ Addition
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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:

Dover Daniels

5-3-04

(850)393-9172