2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000130348

1. Entity Name

JOHN DOOLITTLE'S FLOORING & FINISH CARPENTRY INC

34077193

Principal Place of Business	Mailing Address
1524 HIGHLAND FOREST DRIVE JACKSONVILLE, FL 32259	1524 HIGHLAND FOREST DRIVE JACKSONVILLE, FL 32259

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	04222004 Chg-P CR2E034 (10/03)
City & State	City & State	**4.** FEI Number 20-0378176 · Applied For / Not Applicable
Zip · Country	Zip · Country	**5.** Certificate of Status Desired ☐ · **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DOOLITTLE, JOHN P. 1524 HIGHLAND FOREST DRIVE JACKSONVILLE, FL 32259	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

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME DOOLITTLE, JOHN P STREET ADDRESS 1524 HIGHLAND FOREST DRIVE CITY-ST-ZIP JACKSONVILLE, FL 32259	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: _John Doolittle_   John Doolittle   4/29/04   904 631 5474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #