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FILED
Jun 21, 2004 8:00 am
Secretary of State

06-01-2004 90007 018 ***160.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000135928			
1. Entry Name RICK JONES DECKING, INC.			
Principal Place of Business 419 2ND ST GENEVA, FL 32732		Mailing Address 419 2ND ST GENEVA, FL 32732	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6.1 Name and Address of Current Registered Agent		6.2 Name and Address of New Registered Agent	
JONES, RICHARD E 419 2ND ST GENEVA, FL 32732		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 32732	
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 <i>Richard E Jones</i>		DATE 4-30-04	
SIGNATURE: Typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when registering)			
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 Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D JONES, RICHARD E ☐ Delete 419 2ND ST GENEVA, FL 32732	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-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 807, 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: <i>Richard E Jones</i>		DATE 4-30-04	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR		Date Daytime Phone #	

66428686



04182004 CR2E034 (10/03)

 6. FEI Number **74-5110025** Applied For Not Applicable

 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

 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 Fee
10. OFFICERS AND DIRECTORS

TITLE	D	JONES, RICHARD E	☐ Delete
NAME		419 2ND ST	
STREET ADDRESS		GENEVA, FL 32732	
CITY-STATE-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-STATE-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 807, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone #