


**2009 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JAN 13 AM 11:03

DOCUMENT # P03000137648	
1. Entity Name FRANCIS SIDING, INC.	

Principal Place of Business 2531 GLENWOOD DR EDGEWATER, FL 32141	Mailing Address 2531 GLENWOOD DR EDGEWATER, FL 32141
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DO NOT WRITE IN THIS SPACE



01052009 No Chg-P CR2E034 (11/08)

4. FEI Number 20-0349330	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FRANCIS, WILLIAM C
2531 GLENWOOD DR
EDGEWATER, FL 32141**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2009 Fee will be \$850.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FRANCIS, WILLIAM C 2531 GLENWOOD DR EDGEWATER, FL 32141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FRANCIS, RICHARD J 2726 INDIA PALM DR EDGEWATER, FL 32141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FRANCIS, ROBERT P 2724 INDIA PALM DR EDGEWATER, FL 32141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/13/09--01023--005 **150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: William C Francis 1-5-09 386-427-2760

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