

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90077 010 ***150.00

DOCUMENT # P03000141763

1. Entity Name

DEAN POPPELL SIDING, INC.



Principal Place of Business

158 TRICE LANE
CRAWFORDVILLE FL 32327

Mailing Address

158 TRICE LANE
CRAWFORDVILLE FL 32327

2. Principal Place of Business

158 Trice Ln

3. Mailing Address

158 Trice Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Crawfordville FL

City & State

Crawfordville FL

Zip

32327

Country

USA

Zip

32327

Country

USA

4. FEI Number

11-3708736

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/04)



6. Name and Address of Current Registered Agent

POPPELL, DEAN
8806 FLICKER RD
TALLAHASSEE FL 32305

7. Name and Address of New Registered Agent

Name A. Dean Poppell

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

158 Trice Ln

City Crawfordville

FL

Zip Code 32327

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

A. Dean Poppell President

4/25/05

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, 2005 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 DPS
NAME POPPELL, DEAN ☐ Delete
STREET ADDRESS 8806 FLICKER RD
CITY-ST-ZIP TALLAHASSEE FL 32305

TITLE VD
NAME FOUNTAIN, JOHN D ☐ Delete
STREET ADDRESS 6 HAMMOND TRACE
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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TITLE ☐ Change ☐ Addition
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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:

A. Dean Poppell Andrew Dean Poppell

4/25/05 (850) 510-1567

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #