

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90018 019 ***150.00

DOCUMENT # P04000042550

1. Entity Name

TONY DEFRANCESCO GARAGE DOOR SALES & SERVICE, INC.



Principal Place of Business

3307 JAP TUCKER ROAD
PLANT CITY FL 33566

Mailing Address

3307 JAP TUCKER ROAD
PLANT CITY FL 33566

40007192



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

~~3307 JAP TUCKER ROAD~~ PO Box 3593

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANT CITY FL

4. FEI Number

030538458

Applied For

Not Applicable

Zip

Country

Zip

33563

Country

Hillsboro

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOORER, FELICIA D
3307 JAP TUCKER ROAD
PLANT CITY FL 33566

7. Name and Address of New Registered Agent

Name **FELICIA MOORER**

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

1017 FAIRWINDS CRE

BUILDING #3 APT #207

City **PLANT CITY**

FL

Zip Code

33566

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, 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 **D** ☐ Delete
NAME **DEFRANCESCO, TONY**
STREET ADDRESS **3307 JAP TUCKER ROAD**
CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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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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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/05

Date

8137649552

Daytime Phone #