

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90051 003 ***150.00

DOCUMENT # P97000013950

1. Entity Name

PLS FRAMING AND TRIM, INC.



Principal Place of Business

1092 LANDERS STREET
ORMOND BEACH FL 32174

Mailing Address

1092 LANDERS STREET
ORMOND BEACH FL 32174

2. Principal Place of Business

554 S RIDGEWOOD

Suite, Apt. #, etc.

ORMOND BCH., FL

City & State

32175 32176

Zip

Country

3. Mailing Address

P.O. Box 1043

Suite, Apt. #, etc.

ORMOND BCH., FL

City & State

32175

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-3426006

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHANEY, THOMAS M
1092 LANDERS STREET
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

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

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 P ☐ Delete
NAME HADLEY, JON R
STREET ADDRESS 554 S RIDGEWOOD
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE ST ☐ Delete
NAME CHANEY, THOMAS M
STREET ADDRESS 1092 LANDERS STREET
CITY-ST-ZIP ORMOND BEACH FL 32174

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 ST ☒ Change ☐ Addition
NAME CHANEY, THOMAS M
STREET ADDRESS 1092 PENINSULA
CITY-ST-ZIP ORMOND BCH., FL 32174

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

THOMAS M. CHANEY ST 2-9-04 (386) 299-8046