

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90405 050 ***150.00

DOCUMENT # P97000087221

1. Entity Name
R & R QUALITY FRAMING, INC.



Principal Place of Business
1751 JACKS BRANCH RD
PENSACOLA, FL 32533

Mailing Address
1751 JACKS BRANCH RD
PENSACOLA, FL 32533

94078401

2. Principal Place of Business
10420 Hwy 97-A
Suite, Apt. #, etc.

3. Mailing Address
10420 Hwy 97-A
Suite, Apt. #, etc.



04282004 Chg-P CR2E034 (10/03)

City & State
Walnut Hill FL
Zip 32568 Country USA

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Walnut Hill, FL
Zip 32568 Country USA

4. FEI Number
59-3475219
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SAWYER, JOHN R ESQ.
3 W GARDEN ST, STE #370
PENSACOLA, FL 32501

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS
NAME SMITH, DONELL ☐ Delete
STREET ADDRESS 1751 JACKS BRANCH RD
CITY-ST-ZIP CANTONMENT, FL 32533

TITLE VP
NAME SMITH, DEBRA ☒ Delete
STREET ADDRESS 1751 JACKS BRANCH RD
CITY-ST-ZIP CANTONMENT, FL 32533

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☒ Change ☐ Addition
NAME Smith, Donell A.
STREET ADDRESS 10420 Highway 97A
CITY-ST-ZIP Walnut Hill, FL 32568

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

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

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

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

TITLE
NAME ☐ Change ☐ Addition
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

4/29/04 (850) 712-3424
Date Daytime Phone #