## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered.

## Feb 04, 2004 8:00 am Secretary of State 02-04-2004 90040 031 \*\*\*150.00 DOCUMENT # V09362 AL DUBOIS INDUSTRIES, INC. Principal Place of Business 54003221 Mailing Address 15206 ELMONT ST P 0 B0X 11046 HUDSON, FL 34610 SPRING HILL, FL 34610 US 2. Principal Place of Business 3. Mailing Address 15206 王LMONT Suite, Apt. #, etc. Suite, Apt. #, etc. 02012004 Chg-P CR2E034 (10/03) City & State Applied For City & State 4. FEI Number SPRING HILL 59-3102856 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUBOIS, AL Street Address (P.O. Box Number is Not Acceptable) 662 ELMONT HUDSON, FL 34667 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Channe Addition **DUBOIS, ALPHONSET** DEBORAH L. DUBOIS 15206 ELMONT ST NAME NAME STREET ADDRESS P.O. BOX 11046 N/A STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL CITY-ST-ZIP Spring HILLFL 34610 TITLE X Delete ☐ Addition ☐ Change **DUBOIS, DOUGLAS** NAME NAME STREET ADDRESS 15416 GREENGLEN LANE STREET ADDRESS CITY-ST-ZIP SPRING HILLS, FL CITY-ST-ZIP TITLE Delete Delete TITLE Change. \_ Addition \_ JIMMY-HEINTZELMAN= NAME NAME STREET ADDRESS 16521 JAYRE RD. STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL CITY-ST-ZIP TITLE Delete Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

FILED

x 2/2/04 x 727-806-1661