## 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

| 1. Entity Nam                               | MENT # P950000<br>FRAMING, INC.  |   |                                      |                         | อเ <i>ง</i> เร็<br><b>04</b> . | ISION OF CORPORATIONS  JUL 29 AM 8:00 |                   |                    |                             |
|---|--|---|--------------------------------------|-------------------------|--------------------------------|---------------------------------------|-------------------|--------------------|-----------------------------|
| Principal Plac<br>P.O. BOX 276<br>HOMOSASSA | 69   | Mailing Address<br>P.O. BOX 2769<br>HOMOSASSA, FL 3               | -                                    |                         |                                |                                       |                   | 0: (               | 90                          |
| 2. Principal P                              | lace of Business   | 3. Mailing Address  | 3. Mailing Address                   |                         |                                |                                       |                   |                    |                             |
| Suite, Apt. #, etc.                         |  | Suite, Apt. #, etc.   | Suite, Apt. #, etc.                  |                         | 07232004                       | Chg-P                                 | CR2E034           | (10/03)            | MR                          |
| City & State                                |  | City & State  | City & State                         |                         | 4. FEI Numb                    |                                       |                   | -                  | oplied For<br>ot Applicable |
| Zip   | Country Zip  |   | Countr                               | ry                      | 1                              | of Status Desired                     |                   | 8.75 Add           |                             |
|   | 6. Name and Address of Curr  | ent Registered Agent  |                                      |                         | 7. Name and                    | Address of New                        | Registered Ag     | ent                |                             |
| CLISON,                                     | TDAV   |   | ···································· | -Neme                   | <del></del>                    | <del></del>                           |                   | <del></del>        | <del></del>                 |
| 7188 W C                                    | TROT<br>DTTAGE LANE<br>RIVER, FL. 34429  |   | S                                    |                         | (P.O. Box Numb                 | er is Not Acceptat                    | ole)              |                    |                             |
| J   | 1  |   |                                      |                         |                                |                                       |                   |                    |                             |
|   | h.   |   |                                      | City                    |                                |                                       | FL                | Zip Code           | e .                         |
|   | named entity submits this statement<br>ions of registered agent.   | nt for the purpose of changing                                    | g its registere                      | d office or registe     | ered agent, or bo              | oth, in the State of F                | Florida. I am far | niliar with,       | and accept                  |
| SIGNATURE_                                  | Signature, typed or printed name of ragistered a   | gent and title if applicable. (                                   | (NOTE: Registered                    | Agent signature require | nd when reinstating)           |                                       | DATE              |                    | <del></del>                 |
| Am  | ended AR is \$61.25  | 9. Election Can<br>Trust Fund C                                   |                                      |                         | .00 May Be<br>ded to Fees      |                                       |                   |                    |                             |
| 10.   |  | ND DIRECTORS  | 11.                                  |                         | ADDITIONS                      | /CHANGES TO OF                        | FICERS AND D      | IRECTORS           | 3 IN 11                     |
| TITLE                                       | PD COLEON TROV D   | ☐ Delete  | TITLE                                | l l                     |                                |                                       |                   | Change             | ☐ Addition                  |
| NAME<br>Street address<br>City-St-Zip       | COLSON, TROY D<br>7188 W COTTAGE LANE<br>CRYSTAL RIVER, FL 34429   |   |                                      | T ADDRESS<br>ST-21P     |                                |                                       |                   |                    |                             |
| TITLE                                       | V :  | ☐ Delete  | TITLE                                |                         |                                |                                       |                   | Change             | Addition                    |
| NAME  | FENDER, ROY  |   | NAME                                 |                         | 00.74                          | <b>DDD 4</b> 0<br>3/04010             | )1678             | 335                | c.e                         |
| STREET ADORESS<br>City-St-Zip               | 140 LCR 322<br>INGLISS, FL 34449   |   | CITY-                                | T ADDRESS<br>ST-ZIP     | UGA                            | .3/04010                              | 44005             | **E1.              | .Zb                         |
| TITLE                                       | VP   | ☐ Defete  | TITLE                                | 1                       |                                |                                       |                   | Change             | ☐ Addition                  |
| NAME<br>Street address*                     | HOEFILER, GEORGE<br>886 ROOKS AVE  |   | NAME<br>- STREE                      | T ADDRESS -             | . <b>_</b>                     |                                       |                   |                    |                             |
| CITY-ST-ZIP                                 | INVERNESS, FL 34453  |   | CITY-S                               |                         |                                |                                       |                   |                    |                             |
| TITLE                                       |  | ☐ Delete  | TITLE                                | S                       |                                | \ \ \                                 |                   | Change             | Addition                    |
| NAME<br>STREET ADDRESS                      |  | •   |                                      | T ADDRESS               | موبر کی ر<br>53 بری ر          | 70120U<br>JolaoU                      |                   |                    |                             |
| CITY-ST-ZIP<br>TITLE                        |  | ☐ Delete  | CITY-S<br>TITLE                      | SI-ZIP (L               | ystal R                        | nver,7L                               | <u> </u>          | <b>%</b><br>Change | ☐ Addition                  |
| NAME  |  | La Directe  | NAME                                 |                         |                                |                                       | _                 | 80                 |                             |
| STREET ADDRESS<br>City-St-Zip               | -  |   | STREET<br>CITY-S                     | T ADDRESS<br>ST-ZIP     |                                |                                       |                   |                    |                             |
| TITLE                                       | •  | ☐ Delete  | TITLE                                |                         |                                |                                       |                   | Change             | Addition                    |
| NAME<br>Street address                      | ,  | -   | NAME<br>Stree                        | T ADDRESS               |                                |                                       |                   |                    |                             |
| CITY-ST-ZIP                                 |  |   | CITY-S                               |                         |                                |                                       |                   |                    |                             |
| indicated<br>of the cor                     | certify that the information supplied<br>on this report or supplemental report<br>poration or the receiver or trustee e<br>or on an attachment with an addre | ort is true and accurate and the<br>impowered to execute this rep | nat my signatu<br>port as require    | ire shall have the      | same legal effe                | ct as if made unde                    | r oath; that I am | an officer         | or director                 |
| SIGNAT                                      | URE: Tong  | OPPRINTED NAME OF SIGNING OFF                                     | y Co                                 | مادم                    | 7-                             | 27-04                                 | 352-              | 302- <sup>c</sup>  | <u> ૧૫૧</u>                 |