

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90024 032 ***150.00

DOCUMENT # F02000001182

1. Entity Name
AFI FRAME IT INC.



Principal Place of Business
1300 THIRD ST. S., STE 300
NAPLES FL 34102

Mailing Address
1300 THIRD ST. S., STE 300
NAPLES FL 34102



2. Principal Place of Business - No P.O. Box #

1221 GULF SHORE BLVD. N.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

NAPLES, FL.

City & State

4. FEI Number 65-0748836

Applied For
Not Applicable

Zip

34102

Country

COLLIER

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SWONSON, CHARLES E
1300 THIRD ST., STE 300
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name
SWANSON, CHARLES E.

Street Address (P.O. Box Number is Not Acceptable)
1221 GULF SHORE BLVD. N.

#802

City

NAPLES

FL

Zip Code

34102

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: CHARLES E SWANSON Charles E. Swanson

4/19/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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: PCD ☐ Delete
NAME: SWANSON, CHARLES E
STREET ADDRESS: 1221 GULF SHORE BLVD N., #802
CITY-ST-ZIP: NAPLES FL

TITLE: SD ☐ Delete
NAME: SWANSON, BARBARA L
STREET ADDRESS: 1221 GULF SHORE BLVD N., #802
CITY-ST-ZIP: NAPLES FL

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: ☐ Change ☐ Addition
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STREET ADDRESS:
CITY-ST-ZIP:

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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 exemptions contained in Section 119, 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: Charles E. Swanson CHARLES E. SWANSON

4/19/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #