2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #F95000002984

1. Entity Name GULF SOUTH FRAMING SUPPLIES, INC.



FILED Apr 23, 2007 8:00 am Secretary of State

04-23-2007 90282 030 ***150.00

Principal Place of Business 602 WARE BLVD. TAMPA, FL 33619			1' SI	Mailing Address 1701 N. GREENVILLE SUITE 400				ሳ በበላይቶቶን								
RICHARDSON, TX 75081								I HOROZOFIA SE		10 FE					TOTAL II ETE	
Principal Place of Business - No P.O. Box # Mailing Add						· · · · · · · · · · · · · · · · · · ·						1				
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04192007		Chg-l	•	CF	2E03	4 (12/06)		
City & State				City & State				4. FEI Numb 72-087		32					optied For ot Applicable	
Žip		Country	2	Zip Country				5. Certificate	e of S	tatus D	esired			8.75 Adı ee Require		
6. Name and Address of Current Regist				tered Agent		L		7. Name an	d Add	tress o	f New I	Registe	red Aç	ent		
ACU JAMES A						Name										
ASH, JAMES A 602 WARE BLVD. TAMPA, FL 33619						Street Address (P.O. Box Number is Not Acceptable)										
							City						Zip Code			
													FL	<u> </u>		
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.															and accept	
SIGNATURE.													ATE			
	Signature, typed	or printed name of registered ag	eni and lide i	rapplicable. (MCIII	:: Hegistere	d Agent signat	rie iedriieg	when reinstating)					MIE.			
FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees																
10.		OFFICERS AF	ND DIREC	TORS	11.			ADDITIONS	/CH/	ANGES	TO OF	FICERS	AND (DIRECTOR	S IN 11	
TITLE	C			☐ Delete	ШП									Change	☐ Addition	
NAME STREET ADDRESS	POPE, MICHAEL A 1701 N. GREENVILLE, #400				NAM STRE	E Et adoress										
CITY-ST-ZIP	RICHARDSON, TX 75081			CITY			•									
TITLE	Р			☐ Delete				Ċ					Change	Addition		
NAME CONTRACTOR	POPE, CRAIG 5001 GARRETT DR.				NAME STREET ADDRESS 26			3)3 Seasone Count								
STREET ADDRESS City-St-Zip	PLANO, TX 75093				-SI-ZIP						_K					
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						-ST - ZIP										

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

IGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DISECTOR

4-19-07

972-671-5210

Cate

Daytime Phone #