


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # H57491 1. Entity Name U-FRAME-IT OF FORT WALTON BEACH, INC.	
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Principal Place of Business 421B RACETRACK ROAD NE FORT WALTON BEACH, FL 32548	Mailing Address 1909 MARWALT 1024 FORT WALTON BEACH, FL 32548
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02052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2537118	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SIMPSON, DAVID A 909 MARWALT DR #1024 FORT WALTON BEACH, FL 32548
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DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALAGARIE, SARAH R. 109 LAKE LORRIANE CIRCLE SHALIMAR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS JONKE, SUE ANN 231 COUNTRY CLUB RD SHALIMAR, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>000000222049 02/09/05-80057-007 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: <u>Sue Ann Jonke</u> VP, Pres, Sec, Treas 2/6/05 850 862-9111 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
<u>Sue Ann Jonke</u> <small>Sue Ann Jonke</small>