

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 08:00 A
Secretary of State

DOCUMENT # H57491

1. Entity Name
U-FRAME-IT OF FORT WALTON BEACH, INC.



Principal Place of Business
421B RACETRACK ROAD NE
FORT WALTON BEACH, FL 32548

Mailing Address
1909 MARWALT
1024
FORT WALTON BEACH, FL 32548



02052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2537118	Applied For 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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be**
Added to Fees

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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02/15/07-80047-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Sue Ann Jonke Sue Ann Jonke 2/5/07 850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #