


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jul 20, 2005 8:00 am**  
**Secretary of State**

07-20-2005 90027 002 \*\*\*150.00

**DOCUMENT # K53578**  
 1. Entity Name  
**FLAMINGO FRAMING, INC.**



Principal Place of Business      Mailing Address  
**C/O JANET K. GRIMM**      **C/O JANET K. GRIMM**  
**801 VIRGINIA DR.**      **801 VIRGINIA DR.**  
**ORLANDO FL 32803**      **ORLANDO FL 32803**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/04)

City & State      City & State

4. FEI Number      Applied For  
**59-2920709**      Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**GRIMM, JANET K.**  
**801 VIRGINIAL DRIVE**  
**ORLANDO FL 32803**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City, \_\_\_\_\_ **FL**      Zip Code

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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	GRIMM, JANET K.	
STREET ADDRESS	809 VIRGINIA DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GRIMM, JANET K.	
STREET ADDRESS	809 VIRGINIA DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GRIMM, JANET K	
STREET ADDRESS	809 VIRGINIA DRIVE	
CITY-ST-ZIP	ORLANDO FL 37803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** \_\_\_\_\_ **7/15/05** <sup>407</sup> **8940484**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

ATTACHMENT

50056399 7-15-05  
#K 53578

The Notice of Intent to Dissolve  
was my 1<sup>st</sup> NOTICE of Due  
owed - as you can see  
I have never been late & would  
not be with an invoice -

Thanks

