## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 28, 2008 08:00 A Secretary of State DOCUMENT # L47360 HELMUTH FRAMING, INC. Principal Place of Business Mailing Address **5408 DORSAY STREET** 5408 DORSAY STREET SARASOTA, FL 34232 SARASOTA, FL 34232 US No Chg-P CR2E034 (11/05) 01172008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0176876 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent without the sign of a state of the filler HELMUTH, RICK A DO NOT WRITE 5408 D'ORSAY ST SARASOTA, FL 34232 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. \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE HELMUTH, SAMUEL H. NAME 7140 WILDERNESS LN STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34240 TITLE 1000000803144 NAME HELMUTH, RICK A. > 02/05/08-80011-020 150.00 STREET ADDRESS 5408 D'ORSAY ST CITY-ST-ZIP SARASOTA, FL 34232 ST TITLE ANDERSON, RANDY NAME STREET ADDRESS 6508 2ND AVENUE NE DO NOT WRITE CITY-ST-ZIP BRADENTON, FL 34208 IN THIS SPACE TITLE NAME STREET ADDRESS and any or and CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23 - 08

941) 377 -4/221

**FILED**