


# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # L54200		
1. Entity Name J & S METAL FRAME & TRIM, INC.		

FILED

05 MAR 21 PM 12:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business % JOHN C. O'DOM 8108 34 AVE N ST PETERSBURG, FL 33710	Mailing Address % JOHN C. O'DOM 8108 34 AVE N ST PETERSBURG, FL 33710
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2. Principal Place of Business 2109 3rd AVE N Suite, Apt. #, etc.	3. Mailing Address P.O. Box 15136 Suite, Apt. #, etc.
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03172005 Chg-P CR2E034 (10/03)

City & State ST. PETERSBURG FL	City & State ST. PETERSBURG FL
Zip 33713	Country
Zip 33733	Country

4. FEI Number 59-2992597	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent O'DOM, JOHN C. 8108 34 AVE N ST PETERSBURG, FL 33710	
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7. Name and Address of New Registered Agent Name O'DOM, JOHN C. Street Address (P.O. Box Number is Not Acceptable) 2109 3rd AVE N. City ST. PETERSBURG FL Zip Code 33713	
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 <u>John C. O'Dom</u> JOHN C. ODOM 3-18-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	

Amended AR is \$61.25	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'DOM, JOHN C. 8108 34 AVE N ST PETERSBURG, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D O'DOM JOHN C. 2109 3rd AVE N. ST. PETERSBURG FL 33713 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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>John C. O'Dom Pres.</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOHN C. O'DOM, PRES	Date 3-18-05 Daytime Phone #