


2007 FOR PROFIT CORPORATION ANNUAL REPORT

| | | |
|---|--|---|
| DOCUMENT # M67711 | |  |
| 1. Entity Name HOUSE OF 10000 PICTURE FRAMES, INC. | | |

FILED

07 MAY 24 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | |
|--|--|
| Principal Place of Business % CECIL R. SIMPSON 2003 N. MONROE ST. TALLAHASSEE, FL 32303 | Mailing Address % CECIL R. SIMPSON 2003 N. MONROE ST. TALLAHASSEE, FL 32303 |
|--|--|

05242007 Chg-P CR2E034 (12/06)

| | | | |
|---|---------|--------------------------------------|---------|
| 2. Principal Place of Business - No P.O. Box # 1730 MARSTON PL | | 3. Mailing Address SAUE | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State TALLAHASSEE FL 32308 | | City & State TALLAHASSEE FL 32308 | |
| Zip | Country | Zip | Country |

4. FEI Number
59-2871262

Applied For
Not Applicable

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

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent SIMPSON, CECIL R. 2003 N. MONROE ST. TALLAHASSEE, FL 32303 | | 7. Name and Address of New Registered Agent Name CECIL R. SIMPSON Street Address (P.O. Box Number is Not Acceptable) 1730 MARSTON PL City TALLAHASSEE FL Zip Code 32308 | |
|---|--|--|--|

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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SIMPSON, CECIL R. 2003 N. MONROE ST. TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | CECIL R. SIMPSON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1730 MARSTON PL TALLAHASSEE 32308 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SIMPSON, JANE F. 2003 N. MONROE ST. TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SAUE <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 | 300103727843 <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 | 06/01/07--01009--019 *\$50.00 <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 | 85/24 <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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/07

Date

850.385-9452

Daytime Phone #