2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 08:00 AM
Secretary of State

	ANNUAL	REPORT				11, 2005	
DOCUMENT # P00000013425					Se	ecretary (of State
1. Entity Name QUICK FRAME CONSTRUCTION, INC.							
40.0							
Principal Plac	ce of Business	Mailing Address	•	1			
1735 SW 40	OTH DR 2E, FL 34974 _	1735 SW 40TH DR Okeechobee, Fl 34974					
OKEEGHODE		ORCEOHODEL, IL 34374		***************************************		ii kalet uran iku arara usa	IS MILLINGS EL LINGS
			•				
r	O NOT WRITE	IN THIS SDA	CE	02232005	No Chg-P	CR2E034 (10/0	3)
3.a	O NOT WHILE	IN THIS SEA	UL.	4. FEI Numb			Applied For Not Applicable
					of Status Desired	□ \$8.75	Additional
	6. Name and Address of Current Re	egistered Agent				Fee Requ	ired
WINTER	TONA						
HUNTER, TONA 1735 SW 40TH DR				DO NOT WRITE			
OKEECHOBEE, FL 34974				IN '	THIS SF	ACE	
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	d title if applicable. (NOTE Registere	ed Agent signature required	(when reinstating)		DATE	 ·
EILE NOWIN FEE IS \$450.00 9. Election Campaign Finance			ncina ¢ E	5.00 May Be U00000253837			
	.E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00			ed to Fees	03/11/05-	160039-018	150.00
10.	OFFICERS AND D	IRECTORS					
TITLE NAME	DP TYSON, JOHN						
STREET ADDRESS	1735 SW 40TH DR				-		
CITY-ST-ZIP	OKEECHOBEE, FL 34974						
TITLE Name	S TYSON, TONYA						
STREET ADDRESS	1735 SW 40TH DR						
CITY-\$T-ZIP	OKEECHOBEE, FL 34974	·	·				
TITLE NAME	DVT HUNTER, JOHN						
STREET ADDRESS	1735 SW 40TH DR			DΛ	NOT W	DITE	
CITY-ST-ZIP	OKEECHOBEE, FL 34974				NOT W		
title Name			l	IN '	THIS SF	PACE	
STREET ADDRESS							
CITY - ST - ZIP							
TITLE NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE	1						ı

12. Thereby 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.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: TONE TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR DIRECT