

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90079 023 \*\*\*158.75

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02232005 Chg-P CR2E034 (10/03)

DOCUMENT # P00000049086			
1. Entity Name AVERY FRAMING SPECIALISTS, INC.			
Principal Place of Business P.O. BOX 11870 JACKSONVILLE, FL 32239-1870 US		Mailing Address P.O. BOX 11870 JACKSONVILLE, FL 32239-1870 US	
2. Principal Place of Business <i>1870 St Johns Bluff Rd So</i> Suite, Apt. #, etc.		3. Mailing Address <i>1870 St Johns Bluff Rd So</i> Suite, Apt. #, etc.	
City & State <i>Jacksonville FL</i>		City & State <i>Jacksonville FL</i>	
4. FEI Number 59-3047688		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent AVERY, RAYMOND J JR 10103 CHESTERTON RD JACKSONVILLE, FL 32246		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVERY, RAYMOND J JR P.O. BOX 11870 JACKSONVILLE, FL 322391870 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D/C/S/T/V/P</i> Avery, Raymond J. Jr 10103 Chesterton Rd Jacksonville FL 32246 <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
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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: <i>Raymond J. Avery Jr</i>		Date: <i>3/11/05</i> Daytime Phone #: <i>(904) 996-9000</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			