

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000049086

**FILED**  
**Jun 12, 2010**  
**Secretary of State**

**Entity Name:** AVERY FRAMING SPECIALISTS, INC.

**Current Principal Place of Business:**

1870 ST JOHNS BLUFF ROAD SO  
JACKSONVILLE, FL 32246 US

**New Principal Place of Business:**

**Current Mailing Address:**

1870 ST JOHNS BLUFF ROAD SO  
JACKSONVILLE, FL 32246 US

**New Mailing Address:**

FEI Number: 59-3047688

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AVERY, RAYMOND J JR  
10103 CHESTERTON RD  
JACKSONVILLE, FL 32246 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PDCS  
Name: AVERY, RAYMOND J JR  
Address: 10103 CHESTERTON ROAD  
City-St-Zip: JACKSONVILLE, FL 32246

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RAYMOND J. AVERY JR.

PDCS

06/12/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date