


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P0000072515  
1. Entity Name  
GARY CASWELL FRAMING, INC.



Principal Place of Business      Mailing Address  
2843 ANTIOCH WAY                      2843 ANTIOCH WAY  
ORLANDO, FL 32807                      ORLANDO, FL 32807

**DO NOT WRITE IN THIS SPACE**



02282005    No Chg-P    CR2E034 (10/03)

4. FEI Number                      Applied For  
59-3660442                          Not Applicable

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

6. Name and Address of Current Registered Agent

CASWELL, GARY W  
2843 ANTIOCH WAY  
ORLANDO, FL 32807

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IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CASWELL, GARY W
STREET ADDRESS	2843 ANTIOCH WAY
CITY-ST-ZIP	ORLANDO, FL 32807
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

U00000249850  
03/03/05-80019-020 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(f), 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: Gary W Caswell    GARY W CASWELL    3/1/05    407-679-2627  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #