2007 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Feb 28, 2007 08:00 AM DOCUMENT # P00000075758 **Secretary of State** 1. Entity Name GULF FRAMERS, INC. Principal Place of Business Mailing Address **425 STEBEL STREET** 425 STEBEL STREET WEWAHITCHKA, FL 32465 WEWAHITCHKA, FL 32465 02132007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3672941 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HARDY, HUEY HOUSTON JR. DO NOT WRITE **425 STEBEL STREET** WEWAHITCHKA, FL 32465 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature regulred when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 IJ00000651129 Trust Fund Contribution. Added to Fees 03/08/07-80039-024 150.00 OFFICERS AND DIRECTORS 10. TITLE n HARDY, HUEY H JR NAME STREET ADDRESS **425 STEBEL STREET** CITY-ST-ZIP WEWAHITCHKA, FL 32465 vs TIFLE NAME GAINER, JJ STREET ADDRESS **425 STEBEL STREET** CITY-ST-7IP WEWAHITCHKA, FL 32465 TITLE NAME RUSSELL, JOE STREET ADDRESS **425 STEBEL STREET** DO NOT WRITE WEWAHITCHKA, FL 32465 CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME

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 attackmen

SIGNATURE: 9

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #