

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90336 005 \*\*\*150.00

<b>DOCUMENT # P00000101094</b> 1. Entity Name <b>MAIN FRAMERS, INC.</b>					
Principal Place of Business 2929 NE 106 ST. ANTHONY, FL 32617			Mailing Address POST OFFICE BOX 1656 OCALA, FL 34478		
2. Principal Place of Business <b>3210 SE 45 St</b>		3. Mailing Address  			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Ocala, FL</b>		City & State  		4. FEI Number <b>59-3686861</b>	
Zip <b>34480</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MCKIBBIN, WILLIAM W</b> <b>2929 NE 106 ST.</b> <b>ANTHONY, FL 32617</b>			7. Name and Address of New Registered Agent Name <b>McKibbin, William W.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3210 SE 45 St</b> City <b>Ocala, FL</b> Zip Code <b>34480</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MCKIBBIN, WILLIAM W</b> <b>2929 N.E. 106TH STREET</b> <b>ANTHONY, FL 32617</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>McKibbin, William W</b> <b>3210 SE 45 St</b> <b>Ocala, FL 34480</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>MCKIBBIN, DEBORAH I</b> <b>2929 N.E. 106TH STREET</b> <b>ANTHONY, FL 32617</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>McKibbin, Deborah I.</b> <b>3210 SE 45 St</b> <b>Ocala, FL 34480</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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
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.					
<b>SIGNATURE: <i>W.W. McKibbin</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4/27/04</b> <b>352-364-1438</b> <small>Date Daytime Phone #</small>		