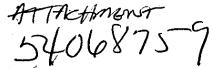
FILED Aug 18, 2004 8:00 am Secretary of State

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08-18-2004 90004 042 ***150.00 DOCUMENT # P0100003098 1. Entity Name IDEAL FRAMING AND CONSTRUCTION, INC. Principal Place of Business Mailing Address 54068759 12355 FIELD BLUFF ROAD 12355 FIELD BLUFF ROAD JACKSONVILLE, FL 32258 JACKSONVILLE, FL 32258 3. Mailing Address 12355 FICID BUFF RD Principal Place of Business 3355 hero Bluffic CR2E034 (10/03) 08102004 Chg-P & State 4. FEI Number Applied For FIA 59-3690876 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SWEET, THOMAS, J. Street Address (P.O. Box Number is Not Acceptable) 6120-10 POWERS AVE #23 JACKSONVILLE, FL: 32217 City 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. Signature, typod or printed name of registered agent and into it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Due by September 8, 2004 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change TITLE D Delete TITLE Addition Robinson, DAVIDE 12355 Fierd Bluff RD ROBINSON, DAVID E NAME 5121 THOROUGHBRED BLVD STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 32257 CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-St-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 it changed, or on an attachment with an advises, with all officer like empowered.

SIGNATURE:





Division of Corporations

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