


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90021 010 ***150.00

DOCUMENT # P01000043678

1. Entity Name
SOUTHERN FRAMING OF SW FLORIDA, INC.



Principal Place of Business Mailing Address

4442 ARNOLD AVE 4442 ARNOLD AVE
 NAPLES, FL 34104 NAPLES, FL 34104

DO NOT WRITE IN THIS SPACE

40061641



01282005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-2618442 Not Applicable

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

6. Name and Address of Current Registered Agent

MOREANS, DON
 DON MOREAN & ASSO
 1500 ROYAL PALM BLVD #101
 FORT MYERS, FL 33917

MORGAN

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	DPT
NAME	NELSON, MELVIN F
STREET ADDRESS	17810 RICH BRANN LANE
CITY-ST-ZIP	N FT MYERS, FL 33917
TITLE	DV
NAME	White, CHARLES A
STREET ADDRESS	1313 BARRETT ROAD ANE
CITY-ST-ZIP	N FT MYERS, FL 33903
TITLE	DS
NAME	NELSON, LORI L
STREET ADDRESS	17810 RICH BRANN LANE
CITY-ST-ZIP	N FT MYERS, FL 33917
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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(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.

SIGNATURE: _____ *[Signature]* _____ *2/14/05* _____ *235 543 864*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #