

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90050 030 ***150.00

DOCUMENT # P01000043678

1. Entity Name

SOUTHERN FRAMING OF SW FLORIDA, INC.



Principal Place of Business

4442 ARNOLD AVE
NAPLES FL 34104

Mailing Address

4442 ARNOLD AVE
NAPLES FL 34104



2. Principal Place of Business

3060 Sivan Road

Suite, Apt. #, etc.

Fort Myers, FL

City & State

33916 Lee

Zip

Country

3. Mailing Address

3060 Sivan Road

Suite, Apt. #, etc.

Fort Myers, FL

City & State

33916 Lee

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-2618442

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORGAN, DON
DON MORGAN & ASSCO
1500 ROYAL PALM BLVD #101
FORT MYERS FL 33917

7. Name and Address of New Registered Agent

Millers, Helms and Folkes
3600 Whiskey Creek Drive
FORT MYERS, FL
FL 33919

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 required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DPT ☐ Delete
NAME NELSON, MELVIN F
STREET ADDRESS 17810 RICH BRANN LANE
CITY-ST-ZIP N FT MYERS FL 33917

TITLE DV ☐ Delete
NAME WHITE, CHARLES A
STREET ADDRESS 1313 BARRETT ROAD AVE
CITY-ST-ZIP N FT MYERS FL 33903

TITLE DS ☐ Delete
NAME NELSON, LORI L
STREET ADDRESS 17810 RICH BRANN LANE
CITY-ST-ZIP N FT MYERS FL 33917

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #