

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jul 22, 2004 8:00 am
Secretary of State

07-22-2004 90003 012 ***150.00

DOCUMENT # P01000045164

1. Entity Name

TRADITIONAL FRAMING & DRYWALL, INC.



Principal Place of Business

2785 50TH AVE. WEST, APT. 12
BRADENTON, FL 34207

Mailing Address

2785 50TH AVE. WEST, APT. 12
BRADENTON, FL 34207

01001000



06302004 No Chg-P CR2E034 (10/03)

4. FEI Number **593723667**
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SMITH, JACKIE W
2785 50TH AVE. WEST, APT. 12
BRADENTON, FL 34207

**DO NOT WRITE
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 required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00.
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME SMITH, JACKIE W
STREET ADDRESS 2785 50TH AVE. WEST, APT. 12
CITY-ST-ZIP BRADENTON, FL 34207

TITLE
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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:

Jackie W Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/4

Date

Daytime Phone #