2004 FOR PROFIT CORPORATION ANNUAL REPORT

05-03-2004 90676 048 ***150.00
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04 MAY 20 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000049882

1. Entity Name
ABOVE-ALL FRAMING, INC.

Principal Place of Business	Mailing Address
765 TANABELLA AVE. ORANGE CITY, FL 32763	765 TANABELLA AVE. ORANGE CITY, FL 32763

03302004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1819 8th AVE.	P.O. BOX 2005
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DELAND, FL	City & State: DELAND, FL
Zip: 32721 Country: ~~VOLUSIA~~ US	Zip: 32721 Country: US

4. FEI Number: 59-3723007 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FINANCIAL FOUNDATIONS, INC. 3150 SANDY RIDGE DRIVE CLEARWATER, FL 33761	Name: JIM NICHOLS Street Address (P.O. Box Number is Not Acceptable): 1819 8th AVE. City: DELAND FL Zip Code: 32721

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: Jim Nichols, Pres. DATE: 3-30-04
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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NICHOLS, JIM 765 TANGELO NE. ORANGE CITY, FL 32763 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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5/20

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: Jim Nichols Pres 3-30-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #