2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 24, 2004
Secretary of State

DOCUMENT# P02000002918

Entity Name: FRAME PROS, INC.

Current Principal Place of Business:

12512 CARDIFF DR.
TAMPA, FL 33625 US

New Principal Place of Business:

Current Mailing Address:

12512 CARDIFF DR.
TAMPA, FL 33625 US

New Mailing Address:

FEI Number: 80-0028948 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIERCE, DARRIEN C
12516 CARDIFF DR.
TAMPA, FL 33625 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: PIERCE, DARRIAN C
Address: 12516 CARDIFF DR.
City-St-Zip: TAMPA, FL 33625 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPSD ( ) Change (X) Addition
Name: CLARKE, STEVEN P
Address: 10313 HEMLOCK ST.
City-St-Zip: SPRING HILL, FL 34608

Title: TRES ( ) Change (X) Addition
Name: ZIMMERMAN, CHRISTOPHER E
Address: 720 MERIC LN.
City-St-Zip: SPRING HILL, FL 34606

Title: AST. ( ) Change (X) Addition
Name: ZIMMERMAN, JONATHAN A
Address: 720 MERIC LN.
City-St-Zip: SPRING HILL, FL 34606

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARRIEN PIERCE PSD 09/24/2004

Electronic Signature of Signing Officer or Director Date