

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 16, 2004 8:00 am**  
**Secretary of State**

06-16-2004 90011 025 \*\*\*150.00

**DOCUMENT # P02000010348**

1. Entity Name

ALL METAL FRAMING, INC.



Principal Place of Business

6100 SAVAGE STREET  
ST. CLOUD FL 34771

Mailing Address

6100 SAVAGE STREET  
ST. CLOUD FL 34771

JUN 16 2004



MOORE

CR2E034 (11/03)

2. Principal Place of Business

706 GAZELLE WAY  
Suite, Apt. #, etc.

3. Mailing Address

706 GAZELLE WAY  
Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

Zip  
34759

Country  
USA

City & State

KISSIMMEE, FL

Zip  
34759

Country  
USA

4. FEI Number

04-3590856

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPEER, GABRIEL  
6100 SAVAGE STREET  
ST. CLOUD FL 34771

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

**After May 1, 2004 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 D ☐ Delete  
NAME SPEER, GABRIEL  
STREET ADDRESS 6100 SAVAGE STREET  
CITY-ST-ZIP ST. CLOUD FL 34771

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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 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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

321-624-2286

Attachment

54057576

# PO 2000010348

# ALL METAL FRAMING, INC.

June 8, 2004

To: Florida Department of State  
Division of Corporations  
Annual Report Section  
PO Box 6850  
Tallahassee, Florida 32314

Re: 2004 For Profit Corporation Annual Report  
FEI # 04-3590856

To Whom It May Concern:

Please find enclosed, the completed annual report with payment.

Due to a change in my business address this report was delivered to me after May 1, 2004. I have noted the new address on the report as required.

Sincerely,



Gabriel Speer, President  
All Metal Framing