


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000011031	
1. Entity Name DEADNUTZ FRAMING, INC.	

FILED
04 OCT -4 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2681 ANN AVE KISSIMMEE, FL 34744	Mailing Address 2681 ANN AVE KISSIMMEE, FL 34744
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2. Principal Place of Business 2037 Live Oak Blvd Suite, Apt. #, etc.	3. Mailing Address 2037 Live Oak Blvd Suite, Apt. #, etc.
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City & State St Cloud FL	City & State St Cloud FL
Zip 34771	Zip 34771
Country US	Country US

09292004 Chg-P CR2E034 (10/03)	
4. FEI Number 90-0002328	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BOWLING, TAYLOR 2681 ANN AVE KISSIMMEE, FL 34744	7. Name and Address of New Registered Agent Name: Bowling, Taylor Street Address (P.O. Box Number is Not Acceptable) 2037 Live Oak Blvd City: St Cloud FL Zip Code: 34771
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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: TAYLOR, BOWLING	DATE: 9-29-04
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR, BOWLING 2681 ANN AVE KISSIMMEE, FL 34744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2037 Live Oak Blvd St Cloud FL 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200041570692 10/04/04-01035-024-***150-00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.	
SIGNATURE: [Signature]	DATE: 9-29-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	