

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90262 008 ***150.00

DOCUMENT # P02000012070

1. Entity Name
CENTURY FRAMING CONTRACTORS, INC.



Principal Place of Business
431 E DONIGAN AVE
KISSIMMEE, FL 34744

Mailing Address
431 E DONIGAN AVE
KISSIMMEE, FL 34744

94076143



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
01-0592762

Applied For
Not Applicable

Zip

Country

Zip

Country

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

~~CRUZ, ELIZABETH~~
~~815 BLANC COURT~~
~~KISSIMMEE, FL 34759~~

Name PETER T. CRUZ
Street Address (P.O. Box Number is Not Acceptable)
815 BLANC CT.
City KISSIMMEE FL Zip Code 34759

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]
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/22/04
DATE

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 P ☒ Delete
NAME CRUZ, ELIZABETH
STREET ADDRESS 815 BLANC CT.
CITY-ST-ZIP KISSIMMEE, FL 34759

TITLE PRESIDENT ☒ Change ☐ Addition
NAME CRUZ, PETER T.
STREET ADDRESS 815 BLANC CT.
CITY-ST-ZIP KISSIMMEE, FL 34759

TITLE VP ☐ Delete
NAME CRUZ, PETER T
STREET ADDRESS 815 BLANC CT
CITY-ST-ZIP KISSIMMEE, FL 34759

TITLE PRESIDENT ☒ Change ☐ Addition
NAME CRUZ, PETER T.
STREET ADDRESS 815 BLANC CT.
CITY-ST-ZIP KISSIMMEE, FL 34759

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 all other like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/04
Date

407-933-2855
Daytime Phone #