

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90222 023 ***150.00

DOCUMENT # P02000014109			
1. Entity Name AMCAN FRAMING, INC.			
Principal Place of Business 333 6TH ST SW WINTER HAVEN FL 33880		Mailing Address 333 6TH ST SW WINTER HAVEN FL 33880	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



50015511



1st MOORE CR2E034 (10/04)

4. FEI Number 75-3001511		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SHORETTE, THADDEUS J 333 6TH ST SW WINTER HAVEN FL 33880		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 *Kimberly M. Shorette* **KIMBERLY M. SHORETTE VICE PRESIDENT AMCAN FRAMING, INC.**
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, 2005 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHORETTE, THADDEUS J			NAME	SHORETTE, THADDEUS J		
STREET ADDRESS	117 WEEPINGWILLOW DR			STREET ADDRESS	117 WEEPING WILLOW RD		
CITY-ST-ZIP	BARTOW FL 33830			CITY-ST-ZIP	WINTER HAVEN, FL. 33880	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	SHORETTE, KIMBERLY M		
STREET ADDRESS				STREET ADDRESS	117 WEEPING WILLOW RD		
CITY-ST-ZIP				CITY-ST-ZIP	WINTER HAVEN, FL. 33880	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *Kimberly M. Shorette* 02/16/05 (863) 528-8371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #