


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90234 031 ***150.00

DOCUMENT # P02000017376	
1. Entity Name L & S FRAMING INC.	

Principal Place of Business 1005 GLORIA AVENUE FORT WALTON BEACH FL 32547	Mailing Address 1005 GLORIA AVENUE FORT WALTON BEACH FL 32547
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2. Principal Place of Business 19 James Drive Suite, Apt. #, etc.	3. Mailing Address 19 James Drive Suite, Apt. #, etc.
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City & State Shalimar FL	City & State Shalimar FL
Zip 32579	Zip 32579
Country USA	Country USA



1st MOORE CR2E034 (10/04)

4. FEI Number 04-3595476	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 SIMMONS, LEONARD 901 LIGHTHOUSE RD FT WALTON BEACH FL 32547	
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 PD <input type="checkbox"/> Delete	NAME SWEENEY, SHAWN M	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 19 James Drive Shalimar FL 32579
STREET ADDRESS 1005 GLORIA AVENUE	CITY-ST-ZIP FORT WALTON BEACH FL 32547	STREET ADDRESS 19 James Drive	CITY-ST-ZIP Shalimar FL 32579
TITLE AVP <input type="checkbox"/> Delete	NAME BANNING, JOSH M	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 19 James Drive
STREET ADDRESS 1005 GLORIA AVENUE	CITY-ST-ZIP FORT WALTON BEACH FL 32547	STREET ADDRESS 19 James Drive	CITY-ST-ZIP Shalimar FL 32579
TITLE AVP <input type="checkbox"/> Delete	NAME SWEENEY, THOMAS J	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 19 James Drive
STREET ADDRESS 1005 GLORIA AVENUE	CITY-ST-ZIP FORT WALTON BEACH FL 32547	STREET ADDRESS 19 James Drive	CITY-ST-ZIP Shalimar FL 32579
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	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:  DATE: 4/19/05 DAYTIME PHONE #: 850-651-7981