

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90054 028 ***150.00

DOCUMENT # P02000025346
 1. Entity Name
TMB'S IMPORTED PICTURE FRAMES, INC.



Principal Place of Business: **80-E PONDELLA ROAD NORTH FT MYERS FL 33903**
 Mailing Address: **80-E PONDELLA ROAD NORTH FT MYERS FL 33903**

2. Principal Place of Business: **146 PONDELLA RD N. FT. MYERS FL**
 3. Mailing Address: **146 PONDELLA RD N. FT. MYERS FL**



1st MOORE CR2E034 (10/04)

City & State: **FL**
 Zip: **33903** Country: **LEE**

4. FEI Number: **04-3623449**
 Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
NOVAK-ECKENROAD, MARY BETH
80-E PONDELLA ROAD
NORTH FT MYERS FL 33903

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: Mary Beth Novak-Eckenroad, Pres MARY BETH NOVAK-ECKENROAD 10 FEB 05
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	
TITLE: PTS	<input type="checkbox"/> Delete
NAME: ECKENROAD-NOVAK, MARY BETH	
STREET ADDRESS: 80 E PONDELLA RD	
CITY-ST-ZIP: NORTH FORT MYERS FL 33903	
TITLE: VP	<input type="checkbox"/> Delete
NAME: ECKENROAD, TIMOTHY C	
STREET ADDRESS: 80E PONDELL RD	
CITY-ST-ZIP: NORTH FORT MYERS FL 33903	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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: Mary Beth Novak-Eckenroad, Pres. MARY BETH NOVAK-ECKENROAD 10 Feb 05 239-997-5135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #