2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000035812

1. Entity Name
M & S FRAMING, INC.

Principal Place of Business	Mailing Address
244 COBALT DR KISSIMMEE, FL 34758	222 HOLLAND LANE LUTZ, FL 33548

DO NOT WRITE IN THIS SPACE

01182005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
01-0645696	Not Applicable

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

6. Name and Address of Current Registered Agent

TRENEN BUSH, GEORGE
205 AVE K, SE
WINTER HAVEN, FL 33880

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IN THIS SPACE

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, 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**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MONRDRAGON, MARIA
STREET ADDRESS	244 COBALT DR
CITY-ST-ZIP	KISSIMMEE, FL 34758

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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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: _____ 1/21/05   813-909-1761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   813-918-0768
Daytime Phone #