

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000062646

**FILED**  
**Jul 21, 2005**  
**Secretary of State**

**Entity Name:** JLS FRAMING INCORPORATION

**Current Principal Place of Business:**

1983 SKIDMORE AVE.  
ORLANDO, FL 32826

**New Principal Place of Business:**

**Current Mailing Address:**

1983 SKIDMORE AVE.  
ORLANDO, FL 32826

**New Mailing Address:**

**FEI Number:** 02-0615958

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHARRITT, JOEY L  
1983 SKIDMORE AVE.  
ORLANDO, FL 32826 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P,S ( ) Delete  
Name: SHARRITT, JOEY L  
Address: 1983 SKIDMORE AVENUE  
City-St-Zip: ORLANDO, FL 32826 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: LOPEZ, VICTOR  
Address: 18210 HOLLISTER ROAD  
City-St-Zip: ORLANDO, FL 32820 US

Title: T ( ) Change (X) Addition  
Name: GOMEZ, LEONEL  
Address: 18210 HOLLISTER ROAD  
City-St-Zip: ORLANDO, FL 32820 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** JOEY L. SHARRITT

P

07/21/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date