


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90012 013 ***150.00

DOCUMENT # P02000092296			
1. Entity Name B & R FRAMING, INC.			
Principal Place of Business 2426 VICTORY PALM EDGEWATER, FL 32141 US		Mailing Address 2426 VICTORY PALM EDGEWATER, FL 32141 US	
2. Principal Place of Business, No P.O. Box # 2945 Travelers Palm Dr Suite, Apt. #, etc.		3. Mailing Address 2945 Travelers Palm Drive Suite, Apt. #, etc.	
City & State Edgewater, FL Zip 32141 Country USA		City & State Edgewater, FL Zip 32141 Country USA	
4. FEI Number 04-3709551		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 GAYLORD, JONATHAN B 2426 VICTORY PALM EDGEWATER, FL 32141		7. Name and Address of New Registered Agent Name Jonathan B. Gaylord Street Address (P.O. Box Number is Not Acceptable) 2945 Travelers Palm Drive City Edgewater FL Zip Code 32141	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PST GAYLORD, JONATHAN B 2426 VICTORY PALM EDGEWATER, FL 32141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2945 Travelers Palm Drive Edgewater, FL 32141-5625		
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP GAYLORD, REGINA 2426 VICTORY PALM EDGEWATER, FL 32141 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2945 Travelers Palm Drive Edgewater, FL 32141-5625		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 3-9-08 Daytime Phone (396) 314-1732	