

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000100434

Entity Name: J.N.T. FRAMING, INC.

FILED
Apr 18, 2008
Secretary of State

Current Principal Place of Business:

1723 TANGLEWOOD RD
JACKSONVILLE BEACH, FL 32250 US

New Principal Place of Business:

4 SEA TROUT RD.
PONTE VEDRA, FL 32082 US

Current Mailing Address:

1723 TANGLEWOOD RD
JACKSONVILLE BEACH, FL 32250 US

New Mailing Address:

4 SEA TROUT RD.
PONTE VEDRA, FL 32082 US

FEI Number: 55-0795385

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICHOLSON, JAMES
1723 TANGLEWOOD RD
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

NICHOLSON, JAMES
4 SEA TROUT RD.
PONTE VEDRA, FL 32082 US

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: JAMES NICHOLSON

04/18/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NICHOLSON, JAMES F
Address: 1723 TANGLEWOOD DR
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: VP () Delete
Name: SMITH, BUCKLEY
Address: 1496 JASMINE
City-St-Zip: ATLANTIC BEACH, FL 32232 US

Title: S (X) Delete
Name: EBERHARDY, TROY
Address: 2155 BULLS BAY HWY
City-St-Zip: JACKSONVILLE, FL 32220 US

Title: T () Delete
Name: ZAWACKY, LEO
Address: 995 MAIN ST
City-St-Zip: ATLANTIC BEACH, FL 32233 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NICHOLSON, JAMES F
Address: 4 SEA TROUT RD.
City-St-Zip: PONTE VEDRA, FL 32082 US

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JAMES NICHOLSON

P

04/18/2008

Electronic Signature of Signing Officer or Director

Date