

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000008196

Entity Name: ENCARDES FRAMING, INC.

FILED  
Mar 08, 2004  
Secretary of State

## Current Principal Place of Business:

40 WHITE RD  
DEFUNIAK SPRINGS, FL 32433

## New Principal Place of Business:

287 BOB MCCASKILL DR  
DEFUNIAK SPRINGS, FL 32433

## Current Mailing Address:

40 WHITE RD  
DEFUNIAK SPRINGS, FL 32433

## New Mailing Address:

287 BOB MCCASKILL DR  
DEFUNIAK SPRINGS, FL 32433

FEI Number: 47-0907680

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PETERSON, JOHN  
912 SOUTH PALM BLVD STE E  
NICEVILLE, FL 32578 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ENCARDES, JASON  
Address: 40 WHITE RD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ENCARDES, JASON  
Address: 287 BOB MCCASKILL DR  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: TRE ( ) Change (X) Addition  
Name: ENCARDES, MELISSA  
Address: 287 BOB MCCASKILL DR  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: VP ( ) Change (X) Addition  
Name: HOLLADAY, DAVID  
Address: 40 WHITE RD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

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: MELISSA ENCARDES

TRE

03/08/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date