

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90243 018 ***150.00

DOCUMENT # P03000008196					
1. Entity Name ENCARDES FRAMING, INC.					
Principal Place of Business 287 BOB MCCASKILL DR DEFUNIAK SPRINGS, FL 32433			Mailing Address 287 BOB MCCASKILL DR DEFUNIAK SPRINGS, FL 32433		
2. Principal Place of Business 275 Marion Dr Suite, Apt. #, etc.		3. Mailing Address 275 Marion Dr Suite, Apt. #, etc.			
City & State Defuniak Springs FL		City & State Defuniak Springs FL		4. FEI Number 47-0907680	
Zip 32433		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PETERSON, JOHN 912 SOUTH PALM BLVD STE E NICEVILLE, FL 32578			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u>Melissa Encardes</u> DATE <u>04/19/05</u> <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, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME ENCARDES, JASON STREET ADDRESS 287 BOB MCCASKILL DR CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433	<input type="checkbox"/> Delete		TITLE P NAME Encardes Jason STREET ADDRESS 275 Marion Dr CITY-ST-ZIP Defuniak Springs FL 32433	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TRE NAME ENCARDES, MELISSA STREET ADDRESS 287 BOB MCCASKILL DR CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433	<input type="checkbox"/> Delete		TITLE TRE NAME Encardes Melissa STREET ADDRESS 275 Marion Dr CITY-ST-ZIP Defuniak Springs FL 32433	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME HOLLADAY, DAVID STREET ADDRESS 40 WHITE RD CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433	<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 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: <u>Melissa Encardes</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date			Daytime Phone #		