


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90027 006 \*\*\*150.00

<b>DOCUMENT # P03000023072</b> 1. Entity Name <b>THORNTON FRAMING, INC.</b>					
Principal Place of Business <b>421 SHEOAH BLVD</b> <b>#7</b> <b>WINTER SPRINGS, FL 32708 US</b>			Mailing Address <b>421 SHEOAH BLVD</b> <b>#7</b> <b>WINTER SPRINGS, FL 32708 US</b>		
2. Principal Place of Business <b>330 Kirkcaldy Drive</b> Suite, Apt. #, etc.		3. Mailing Address <b>330 Kirkcaldy Drive</b> Suite, Apt. #, etc.			
City & State <b>Winter Springs, FL</b> Zip <b>32708</b> Country <b>US</b>		City & State <b>Winter Springs, FL</b> Zip <b>32708</b> Country <b>US</b>		4. FEI Number <b>54-2097345</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>THORNTON, ANDREW S</b> <b>421 SHEOAH BLVD</b> <b>#7</b> <b>WINTER SPRINGS, FL 32708</b>			7. Name and Address of New Registered Agent <b>Thornton, Andrew S.</b> Street Address (P.O. Box Number is Not Acceptable) <b>330 Kirkcaldy Drive</b> City <b>Winter Springs, FL</b> Zip Code <b>32708</b>		
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><i>[Signature]</i></u> DATE <u><b>2-25-04</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>THORNTON, ANDREW S</b> <b>421 SHEOAH BLVD #7</b> <b>WINTER SPRINGS, FL 32708</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P, T, S</b> <b>Thornton, Andrew S</b> <b>330 Kirkcaldy Drive</b> <b>Winter Springs, FL 32708</b>	<input checked="" 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
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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><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u><b>2-25-04</b></u> <u><b>407 327 2892</b></u> <small>Date Daytime Phone #</small>		

94025945



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