FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90146 008 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000039211

1. Entity Name
J.M.J. WOOD FRAMING CORP.

Principal Place of Business	Mailing Address
2780 STORTER AVE. NAPLES, FL 34112	2780 STORTER AVE. NAPLES, FL 34112

04272005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
415 Milwaukee Ave.	P.O. Box 178
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Dunedin, FL	City & State: Dunedin, Fl
Zip: 34698 Country: U.S.A.	Zip: 34697-0178 Country

4. FEI Number: 32-0072800 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, ANGEL A
2780 STORTER AVE.
NAPLES, FL 34112

7. Name and Address of New Registered Agent

Name: Hernandez, Angel A.
Street Address (P.O. Box Number is Not Acceptable): 415 Milwaukee Ave.
City: Dunedin FL Zip Code: 34698

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 ______ (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) 04/28/05 DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 ARMANDO HERNANDEZ, ANGEL 415 MILWAUKEE AVENUE DUNEDIN, FL 34698	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Rufina Hernandez 415 Milwaukee Ave. Dunedin, FL 34698	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: ______ A. ARMANDO HERNANDEZ 4/28/05 (239) 272-3582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #