2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 20, 2005 8:00 am Secretary of State DOCUMENT # P03000048175 1. Entity Name 04-20-2005 90344 013 ***150.00 ALL FLORIDA FRAMING & TRIM CORPORATION Principal Place of Business Mailing Address 7621 151H ST E, 2-0 7621 15TH ST E; 2-C-SARASOTA FL 34243--SARASOTA-FL 34243 3. Mailing Address 6023 26th St W 2. Principal Place of Business % 348 Somerset Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State 4. FEI Number Applied For 54-2113360 Not Applicable xarasota Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LUPSON, JAYNE Street Address (P.O. Box Number is Not Acceptable) #139, 6023 26TH ST W BRANDENTON-FL 34207 Bradenton Zip Code Dradenton 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Delete TITLE D TITLE S.T. D 4 Change Addition LUPSON TAYNE LUPSON, JAYNE NAME 6023-26+2 St W # 139 STREET ADDRESS #139, 6023 26TH ST W STREET ADDRESS Bradenton FZ 34207 **BRADENTON FL 34207** CITY-ST-ZIP CITY-ST-ZIP THEF ☐ Delete TITLE Change ☐ Addition LUPSON, KEN LOPSON, KEN MAME MARKE # 139-6023 26th St W STREET ADDRESS #139 6023 26TH ST W STREET ADDRESS Bradenton FL 34207 CITY-ST-ZIP **BRADENTON FL 34207** CITY-ST-ZIP HILE ☐ Delete TITLE Change Addition NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7iP Delete TITLE DITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

FILED

941-650-3741