

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000058001

FILED
Oct 20, 2004
Secretary of State

Entity Name: CARVER CUSTOM FRAMING INCORPORATED

Current Principal Place of Business:

12138 AUTUMN SUNRISE DR
JACKSONVILLE, FL 32246 US

New Principal Place of Business:

Current Mailing Address:

12138 AUTUMN SUNRISE DR
JACKSONVILLE, FL 32246 US

New Mailing Address:

FEI Number: 41-2097860

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OVERTURF, ERIK
12130 AUTUMN SUNRISE DR
JACKSONVILLE, FL 32246 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: OVERTURF, ERIK
Address: 12138 AUTUMN SUNRISE DR
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: TREA () Delete
Name: CARTER, BRIAN
Address: 12138 AUTUMN SUNRISE DR
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: SECR () Delete
Name: RAVER, STEPHANIE
Address: 12138 AUTUMN SUNRISE DR
City-St-Zip: JACKSONVILLE, FL 32246 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CARTER, BRIAN
Address: 12138 AUTUMN SUNRISE DR
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: TREA (X) Change () Addition
Name: KLOBNAK, TRAVIS
Address: 12138 AUTUMN SUNRISE DR
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: SECR (X) Change () Addition
Name: OVERTURF, ERIK
Address: 12130 AUTUMN SUNRISE DR
City-St-Zip: JACKSONVILLE, FL 32246 US

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: ERIK OVERTURF

SECR

10/20/2004

Electronic Signature of Signing Officer or Director

Date