

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-04-2005 90090 027 ***150.00

DOCUMENT # P03000077888

1. Entity Name

SOUTHERN QUALITY FRAMING, INC.



Principal Place of Business

**18343 TWILITE AVENUE
PORT CHARLOTTE FL 33948-3336**

Mailing Address

**18343 TWILITE AVENUE
PORT CHARLOTTE FL 33948-3336**

2. Principal Place of Business

4682 Forlano Cir

Suite, Apt. #, etc.

3. Mailing Address

4682 Forlano Cir

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

North Port FL

City & State

North Port FL

4. FEI Number

20-0107619

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

Zip

Country

34286

SARASOTA

Zip

Country

34286

SARASOTA

6. Name and Address of Current Registered Agent

**SKELLETT, RENEE M
18343 TWILITE AVENUE
PORT CHARLOTTE FL 33948-3336**

7. Name and Address of New Registered Agent

Name **Renee M Skellett**

Street Address (P.O. Box Number is Not Acceptable)

4682 Forlano Cir

City

North Port

FL

Zip Code

34286

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)

DATE

2-25-05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	SKELLETT, RENEE M	
STREET ADDRESS	18343 TWILITE AVENUE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948-3336	
TITLE	P	<input type="checkbox"/> Delete
NAME	SKELLETT, CHRISTOPHER J	
STREET ADDRESS	18343 TWILITE AVENUE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948-3336	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-25-05