


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90096 050 ***150.00

DOCUMENT # P03000084610 1. Entity Name BROWN & SEFO FRAMING, INC.			
Principal Place of Business 1776 RED HILL BRIDGE RD PONCE DE LEON FL 32455 US		Mailing Address P.O. BOX 128 ARGYLE FL 32422 US	
2. Principal Place of Business <i>120 Turner Dr</i>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Defuniak Springs, FL</i>		City & State	
Zip <i>32433</i>		Country <i>USA</i>	
6. Name and Address of Current Registered Agent BROWN, DANIEL R 4617 US HWY 90E DEFUNIAK SPRINGS FL 32433		7. Name and Address of New Registered Agent Name <i>DANIEL R. BROWN</i> Street Address (P.O. Box Number is Not Acceptable) <i>120 Turner Dr.</i> City <i>Defuniak Springs</i> FL Zip Code <i>32433</i>	
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 <i>[Signature]</i> <i>DANIEL R. BROWN</i> <i>July 19 2005</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
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 \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, DANIEL R 1786 RED HILL BRIDGE RD ARGYLE FL 32422	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <i>DANIEL R. BROWN</i> <i>120 TURNER DR.</i> <i>Defuniak Springs, FL 32433</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SEFO, AUGUST R 198 AERO DR. DEFUNIAK SPRINGS FL 32433	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
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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 19 2005 (800) 78-2476
Date Daytime Phone #

ATTACHMENT

50057201
#P03000084610

To Whom it May Concern:

July 19, 2005

My Name is Daniel R. Brown of Brown & Selo Framing, INC.
I am writing to tell you that I did not receive my
Annual Report Notice until July 19th 2005. I Am Requesting
that the \$400.00 Late Fee Be waived For not Receiving
the Report before Due Date.

Thank You,

DANIEL R. BROWN

