



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90012 024 ***150.00

DOCUMENT # P03000086586 1. Entity Name STRAIT-UP FRAMING, INC.					
Principal Place of Business 5225 SAN JUAN AVE JACKSONVILLE, FL 32210			Mailing Address 5225 SAN JUAN AVE JACKSONVILLE, FL 32210		
2. Principal Place of Business 5240 LEXINGTON AVE Suite, Apt. #, etc.		3. Mailing Address 5240 LEXINGTON AVE Suite, Apt. #, etc.			
City & State JACKSONVILLE Zip 32210 Country US		City & State JACKSONVILLE FL Zip 32210 Country US		4. FEI Number 20-0129235	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BRADDOCK, CHRISTOPHER J. 5225 SAN JUAN AVE JACKSONVILLE, FL 32210			7. Name and Address of New Registered Agent Name CHRISTOPHER J BRADDOCK Street Address (P.O., Box Number is Not Acceptable) 5240 LEXINGTON AVE City JACKSONVILLE FL Zip Code 32210		
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 <u><i>Christopher Braddock</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>2/3/04</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P CHRISTOPHER BRADDOCK <input type="checkbox"/> Delete 5240 LEXINGTON AVE JACKSONVILLE FL 32210		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TIMOTHY BURR <input type="checkbox"/> Delete 1455 DAWNEE ST ORANGE PARK FL 32065		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JUAN MENDOZA <input type="checkbox"/> Delete 5225 SAN JUAN AVE JACKSONVILLE FL 32210		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 <u><i>Christopher Braddock</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>2/3/04</u> Date Daytime Phone #		