


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000101702
 1. Entity Name
RICK'S FRAMING OF CENTRAL FLORIDA, INC.



Principal Place of Business Mailing Address
1765 SAXON BLVD **1765 SAXON BLVD**
DELTONA, FL 32725 **DELTONA, FL 32725**

DO NOT WRITE IN THIS SPACE



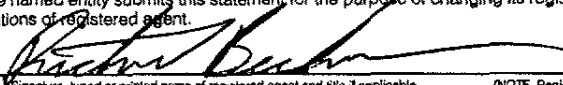
02222005 No Chg-P CR2E034 (10/03)

4. FEI Number 36-4541064	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BECKNER, RICHARD
1765 SAXON BLVD
DELTONA, FL 32725

DO NOT WRITE IN THIS SPACE

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:  2/25/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

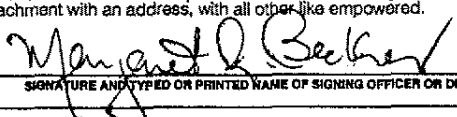
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKNER, RICHARD 1765 SAXON BLVD DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKNER, MARGARET 1765 SAXON BLVD DELTONA, FL 32725
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100000245263
 02/28/05-80020-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  2/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #