

**2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Oct 14, 2005  
Secretary of State**

DOCUMENT# P03000101702

Entity Name: RICK'S FRAMING OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

1765 SAXON BLVD  
DELTONA, FL 32725

**New Principal Place of Business:**

**Current Mailing Address:**

1765 SAXON BLVD  
DELTONA, FL 32725

**New Mailing Address:**

FEI Number: 36-4541064      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BECKNER, RICHARD  
1765 SAXON BLVD  
DELTONA, FL 32725      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

**OFFICERS AND DIRECTORS:**

Title:            D            ( ) Delete  
Name:            BECKNER, RICHARD  
Address:        1765 SAXON BLVD  
City-St-Zip:    DELTONA, FL 32725

Title:            D            ( ) Delete  
Name:            BECKNER, MARGARET  
Address:        1765 SAXON BLVD  
City-St-Zip:    DELTONA, FL 32725

Title:                            ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                            ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                            ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:            D            ( ) Change (X) Addition  
Name:            PARKER, WILLIAM  
Address:        968 MERRIMAC ST  
City-St-Zip:    DELTONA, FL 32725

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: MARGARET R BECKNER

D

10/14/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date