

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