


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 01, 2007 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P03000108009</b><br>1. Entity Name<br>CUSTOM FRAMING BY FAIGLEY, INC. |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br>1166 GRANDEUR ST SE<br>PALM BAY, FL 32909 | Mailing Address<br>1166 GRANDEUR ST SE<br>PALM BAY, FL 32909 |
|--|--|



07202007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                             |                                |
|-----------------------------|--------------------------------|
| 4. FEI Number<br>20-0269879 | Applied For.<br>Not Applicable |
|-----------------------------|--------------------------------|

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

FAIGLEY, VERNON J  
1166 GRANDEUR ST SE  
PALM BAY, FL 32909

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

|                |                     |
|----------------|---------------------|
| TITLE          | P                   |
| NAME           | FAIGLEY, VERNON J   |
| STREET ADDRESS | 1166 GRANDEUR ST SE |
| CITY-ST-ZIP    | PALM BAY, FL 32909  |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

000000771029  
08/01/07-80001-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: \_\_\_\_\_

*Vernon J. Faigley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/07  
Date

Daytime Phone # \_\_\_\_\_

VERNON J. FAIGLEY, PRESIDENT