

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90002 033 ***158.75

DOCUMENT # P03000113401

1. Entity Name
B & S FRAMING INCORPORATED



Principal Place of Business

**11233 TUTEN LOOP
LITHIA, FL 33547**

Mailing Address

**11233 TUTEN LOOP
LITHIA, FL 33547**

03010001

2. Principal Place of Business

11127 TUTEN Loop
Suite, Apt. #, etc.

3. Mailing Address

11127 TUTEN Loop
Suite, Apt. #, etc.

City & State

Lithia, Fla.
Zip **33547** Country **Hillsborough**

City & State

Lithia, Fla.
Zip **33547** Country **Hillsborough**

02052004 Chg-P CR2E034 (10/03)

4. FEI Number

65-1206854

Applied For

Not Applied

5. Certificate of Status Desired

☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> Delete
NAME	SEAGO, GEORGE	
STREET ADDRESS	11233 TUTEN LOOP	
CITY-ST-ZIP	LITHIA, FL 33547	
TITLE	V	<input type="checkbox"/> Delete
NAME	CONLEY, WILLIAM	
STREET ADDRESS	11233 TUTEN LOOP	
CITY-ST-ZIP	LITHIA, FL 33547	
TITLE	T	<input type="checkbox"/> Delete
NAME	CROWTHERS, GEORGE	
STREET ADDRESS	11233 TUTEN LOOP	
CITY-ST-ZIP	LITHIA, FL 33547	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad
NAME		
STREET ADDRESS	11127 TUTEN Loop	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad
NAME		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

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, changed, or on an attachment with an address, with all other like empowered.

PSD: *George Seago*