2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P03000113625

1. Entity Name

JAMÉS FRANK CUSTOM WOODWORKING INC.



FILED Mar 19, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

501 SW NADELL AVE PORT ST LUCIE, FL 34953 501 SW NADELL AVE PORT ST LUCIE, FL 34953



03152007

No Chg-P

CR2E034 (11/05)

4. FEI Number 01-0800348 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRANK, JAMES 501 SW NADELL AVE PORT ST LUCIE, FL 34953

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 James E Frank 3-15.07					
Spirature, typed or printed name of registered agent and title if apphoable. (NOTE: Registered Agent signature required when reinstating) OATE					
FILE NOWIII FEE 13 \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				\$5.00 May Be Added to Fees	000000673144 03/29/07-80017-019 150.00
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FRANK, JAMES 501 SW NADELL AVE PORT ST LUCIE, FL 34953				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANK, LINDA 501 SW NADELL AVE PORT ST LUCIE, FL 34953				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 life empowered.					