## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000116860

Address:

City-St-Zip:

Entity Name: JULIUS SHIRLEY FRAMING, INC

FILED Jan 22, 2007 Secretary of State

Entity Name: JULIUS SHIRLEY FRAMING, INC.							
Current Pi	incipal Place	of Business:	New Princ	New Principal Place of Business:			
1823 BETH WINTER H	I LANE IAVEN, FL 338	80					
Current M	ailing Address	::	New Mailir	New Mailing Address:			
PO BOX 35 LAKELAND	56 D, FL 33802						
FEI Number:	20-0328531	FEI Number Applied For ( )	FEI Number Not Appli	cable ( )	Certificate of Status Desired (	( )	
Name and	Address of Co	ırrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
	OAK STREET	US	SHIRLEY, C 1823 BETH WINTER H		1880 US		
The above in the State		ubmits this statement for the pur	rpose of changing it	s registered o	office or registered agent, or	both,	
SIGNATUR	RE: JULIUS M	SHIRLEY			01/22/2007		
	Electroni	Signature of Registered Agent	t		Date		
Election Can	npaign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CPD ( ) I SHIRLEY, JULIU 1823 BETH LANI WINTER HAVEN	≣	Title: Name: Address: City-St-Zip:	(	) Change()Addition		
Title: Name: Address: City-St-Zip:	D () FLETCHER, SEI 4536 HOLDER C LAKELAND, FL	OURT	Title: Name: Address: City-St-Zip:	D (X FLETCHER, SI 530 SKYLINE I LAKELAND, FL	DR. EAST		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	TUCKER, LON	JNTER STREET		
Title: Name:	( )	Delete	Title: Name:	VS ( CARNAGEY, H	) Change (X) Addition AMAKO S		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Address: City-St-Zip: 1823 BETH LANE

WINTER HAVEN, FL 33880

SIGNATURE: HAMAKO S CARNAGEY VS 01/22/2007