

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90076 019 ***150.00

DOCUMENT # P03000117315

1. Entity Name
PIOTROWSKI FRAMING INC.



Principal Place of Business
18059 CONSTITUTION CIR
FT MYERS, FL 33912

Mailing Address
18059 CONSTITUTION CIR
FT MYERS, FL 33912

18059 CONSTITUTION CIR

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
18059 CONSTITUTION CIR

Suite, Apt. #, etc.
FT MYERS FL

Suite, Apt. #, etc.

City & State

City & State
FT MYERS FL

Zip
33967

Country
USA

Zip
33967

Country
USA



01072007 Chg-P CR2E034 (12/06)

4. FEI Number
71-0954149

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PIOTROWSKI, CHRIS
18059 CONSTITUTION CIR
FT MYERS, FL 33912

7. Name and Address of New Registered Agent

Name *Piotrowski, Chris*
Street Address (P.O. Box Number is Not Acceptable)
18059 CONSTITUTION circle
City *FORT MYERS* FL Zip Code *33967*

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 *Chris Piotrowski* DATE *1-11-07*

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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PIOTROWSKI, CHRIS	
STREET ADDRESS	18059 CONSTITUTION CIR	
CITY-ST-ZIP	FT MYERS, FL 33967	
TITLE	V	<input type="checkbox"/> Delete
NAME	PIOTROWSKI, LOUIS	
STREET ADDRESS	18059 CONSTITUTION CIR	
CITY-ST-ZIP	FT MYERS, FL 33967	
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	<i>same as</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>New Zip</i>	
STREET ADDRESS	<i>33967</i>	
CITY-ST-ZIP		
TITLE	<i>New Zip</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>33967</i>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Chris Piotrowski* DATE *1-17-07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #