2004 FOR PROFIT CORPORATION, ANNUAL REPORT

SIGNATURE:

Sep 17, 2004 8:00 am Secretary of State DOCUMENT: # P03000119757 09-17-2004 90003 010 ***150.00 1. Entity Name ALL FRAME CONSTRUCTION INC Principal Place of Business Mailing Address 357 NOTRE DAME DR. 357 NOTRE DAME DR. 24085492 ALTAMONTE SPR. FL 32714 ALTAMONTE SPR. FL 32714 2. Principal Place of Business 3. Mailing Address Same as Same as about abour Suite, Apt. #, etc. Suite, Apt. #, etc. 08302004 CR2E034 (10/03) Samy 9 4. FEI Number City & State City & State Applied For 11 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 32714 <u>Semenio</u>(7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BROWN, SCOTT 114 Street Address (P.O. Box Number is Not Acceptable) 357 NOTRE DAME DR. ALTAMONTE SPR. FL 32714 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE * ☐ Delete TITLE ☐ Change ☐ Addition BROWN, SCOTT J NAME NAME STREET ADDRESS 357 NOTRE DAME DR STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPR, FL 32714 CITY-ST-ZIP Delete TITLE Change ☐ Addition guiet or any 26.04 NAME RUSSEL, RALPH NAME STREET ADDRESS 604 DAIL DR. STREET ADDRESS AZALEA PARK, FL 32822 CITY - ST-7IP CITY-ST-ZIP Delete Change TITLE TITLE ☐ Addition COOLEY: KEITH L NAME NAME 1535 WILLINGHAM RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OVIEDO, FL 32766 CITY-ST-ZIP 7171 F 22 -TITUS-4 Steven Trent C NAME NAME 2015 Howell Branch Matlant Flen STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete Change TITLE TITLE C Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 if

FILED

AHachment 24085492 # P03000 119757 To whom it may concerne I did not recieve notice of there a post cond on or before May, 1st Dodd line and ask late fee to be woved Thank you