

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 19, 2007 08:00 AM  
Secretary of State

DOCUMENT # P03000129231

1. Entity Name  
GLENN A. GIACCIO FRAMING CORPORATION



Principal Place of Business  
6280 S.W. 20TH STREET  
NORTH LAUDERDALE, FL 33068

Mailing Address  
6280 S.W. 20TH STREET  
NORTH LAUDERDALE, FL 33068



03282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
20-0383221

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

GIACCIO, GLENN A  
6280 S.W. 20TH STREET  
NORTH LAUDERDALE, FL 33068

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRES  
GIACCIO, GLENN A  
6280 S.W. 20TH STREET  
NORTH LAUDERDALE, FL 33068

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TREA  
GIACCIO, GLENN A  
6280 S.W. 20TH STREET  
NORTH LAUDERDALE, FL 33068

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SEC  
HARPER, JULIE M  
6280 S.W. 20TH STREET  
NORTH LAUDERDALE, FL 33068

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DO NOT WRITE  
IN THIS SPACE

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04/30/07-800005-016 150.00

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 like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/07 754235-5424  
Date Daytime Phone #