

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 28, 2004 8:00 am
Secretary of State

05-24-2004 90010 036 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P03000129383 1. Entity Name FREDDER FRAMING INC.					
Principal Place of Business 5211 1ST AVENUE DR. N.W. BRADENTON FL 34209			Mailing Address 5211 1ST AVENUE DR. N.W. BRADENTON FL 34209		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0378927	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PLUM, LAURA A 1800 2ND STREET SUITE 745 SARASOTA FL 34236			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	FREDDER, JARED		STREET ADDRESS		
CITY-ST-ZIP	5211 1ST AVENUE DR. N.W. BRADENTON FL 34209		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			Date: 5/21/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

Attachment 66429099
P03000129383

Laura A. Plum
CERTIFIED PUBLIC ACCOUNTANT
1800 Second Street, Suite 745
Sarasota, Florida 34236

(941) 955-1843
Fax (941) 951-2429

Member of
American Institute of
Certified Public Accountants

Member of
Florida Institute of
Certified Public Accountants

INSTRUCTIONS FOR FILING

TAXPAYER Freddes Framing Inc

TAX PERIOD 2004

FORM Annual Report

☒ Sign and date the return and mail to the address indicated below.

☒ Attach a check for \$150.00.

☒ Make check payable to Florida Department of State
Write your Social Security number on the check. Attach check to front page of return.

☐ You have an overpayment. In accordance with your instructions, we have requested that the overpayment be handled as follows:

☐ Applied to estimated tax \$

☐ Refunded \$

☐ No tax is due with this return.

☒ Due date April 30, 2004

☒ Mail to: Division of Corporations
Annual Report Section
P.O. Box 6850
Tallahassee, FL 32314