

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000134214

1. Entity Name
PYCHOCK FRAMING, INC.



Principal Place of Business
1030 PROVIDENCE LANE
OVIEDO, FL 32765

Mailing Address
1030 PROVIDENCE LANE
OVIEDO, FL 32765

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

06302004 Chg-P CR2E034 (10/03)

4. FEI Number
57-1195304 Applied For
Not Applicable

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

-- 6. Name and Address of Current Registered Agent

PRZYCHOCKI, CHARLES A
1030 PROVIDENCE LANE
OVIEDO, FL 32765

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRZYCHOCKI, CHARLES A 1030 PROVIDENCE LANE OVIEDO, FL 32765	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *CD*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/04 4076209374
Date Daytime Phone #

Attachment
44049654
#P0300013421CP

July 13, 2004

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: PYCHOCK FRAMING, INC.

TO WHOM IT MAY CONCERN

Please find enclosed the (only) notice that we received in the mail regarding the "NOTICE OF INTENT TO DISSOLVE" on the above referenced.

I contacted the appropriate authorities regarding this matter and they instructed me to write this letter informing you that this was the only notice I received along with \$150.00 because I was never contacted before now.

Should you have any further questions, please do not hesitate to contact me.

Sincerely,



Charles A. Przychocki
PYCHOCK FRAMING, INC.

CC: file