

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90656 035 ***150.00

DOCUMENT # P03000137296

1. Entity Name

L. P. FRAMING, INC.



Principal Place of Business

33 FENWICK LANE
PALM COAST FL 32137

Mailing Address

33 FENWICK LANE
PALM COAST FL 32137

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 353861

Suite, Apt. #, etc.

City & State

City & State

PALM COAST, FL

Zip

Country

Zip

Country

32137

USA

4. FEI Number

20-0443322

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOURO, ANTONIO C
33 FENWICK LANE
PALM COAST FL 32137

7. Name and Address of New Registered Agent

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: *Venancio Pinto*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/6/04

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: P ☐ Delete
NAME: LOURO, ANTONIO C
STREET ADDRESS: 33 FENWICK LANE
CITY-ST-ZIP: PALM COAST FL 32137

TITLE: VP ☐ Delete
NAME: PINTO, VENANCIO G
STREET ADDRESS: 33 FENWICK LANE
CITY-ST-ZIP: PALM COAST FL 32137

TITLE: SEC ☐ Delete
NAME: LOURO, ANTONIO C
STREET ADDRESS: 33 FENWICK LANE
CITY-ST-ZIP: PALM COAST FL 32137

TITLE: TREA ☐ Delete
NAME: PINTO, VENANCIO G
STREET ADDRESS: 33 FENWICK LANE
CITY-ST-ZIP: PALM COAST FL 32137

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition

NAME:
STREET ADDRESS:
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: *Venancio Pinto*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
VENANCIO G. PINTO / TREAS

4/6/04

Date

Daytime Phone #