

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90070 037 \*\*\*150.00

**DOCUMENT # P03000145954**

1. Entity Name

CARL BUCHANAN FRAMING, INC.



Principal Place of Business

11296 SE HWY 42  
SUMMERFIELD FL 34491

Mailing Address

11296 SE HWY 42  
SUMMERFIELD FL 34491

94067914



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

PO Box 967

City & State

City & State

WEIRSDALE FL

4. FEI Number

593272680

Applied For

Not Applicable

Zip

Country

Zip

32495

Country

MARION

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUCHANAN, CARL  
11296 SE HWY 42  
SUMMERFIELD FL 34491

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 \$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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PSTD  
BUCHANAN, CARL  
11296 SE HWY 42  
SUMMERFIELD FL 34491

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VD  
RATLEY, ALBERT  
11296 SE HWY 42  
SUMMERFIELD FL 34491

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

Carl Buchanan

CARL BUCHANAN

4/21/04

266-4944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #