2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004
Secretary of State

DOCUMENT# P03000147481

Entity Name: SOUTHERN QUALITY FRAMING MANAGEMENT COMPANY

Current Principal Place of Business:

18343 TWILITE AVE
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

Current Mailing Address:

18343 TWILITE AVE
PORT CHARLOTTE, FL 33948

New Mailing Address:

FEI Number: 20-0399550 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SKELLETT, CHRISTOPHER
18343 TWILITE AVE
PORT CHARLOTTE, FL 33948

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SKELLETT, CHRISTOPHER
Address: 18343 TWILITE AVE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: V ( ) Delete
Name: WILLS, CHAD J
Address: 426 CYPRESS AVE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: S ( ) Delete
Name: CHANDLER, TED
Address: 24500 AIRPORT RD APT H-1
City-St-Zip: PUNTA GORDA, FL 33950

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T ( ) Change (X) Addition
Name: SNOOK, MATTHEW
Address: 425 SPRINGFIELD BLVD NW
City-St-Zip: PORT CHARLOTTE, FL 33950

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER SKELLETT P 03/09/2004

Electronic Signature of Signing Officer or Director — Date