FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # POY 00 00 00 33 4 CONFEDERATE FRAMING OF CENTRAL FLORIDA INC



FILED Apr 26, 2004 8:00 am Secretary of State

04-26-2004 90518 001 ***150.00

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	lace of Business	3. Mailing Address				.004	
1649		1649 RO	<u> </u>	57			
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE		
City & State CR LAND O, FL City & State CR LAND O					4. FEI Number 20 - 05 46 1 46	<u> </u>	Applied For
		ORLANDO			20-02 JE1 de		Not Applicable
32828 Country 32828			Urange		5. Certificate of Status Desi	Fee	3.75 Additional Required
					7. Name and Address of Cu	rrent Registered Ac	jent '
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******	開発の成立の対応を行いたいからない場合がありますがある。 はまかられたす		Str.	eet Address 49 <i>K</i>	(P.O. Box Number is Not Accer	stable)	
	. IN THIS S	PAUE		·			
			Cit	ORLI	ANPO	FL	Zip Code 32838
	e named entity submits this statementions of registered agent.	t for the purpose of changing	its registered offi	ce or registe	ered agent, or both, in the State	of Florida. I am fami	liar with, and accept
the obligat	lions of registered agent.	=0·H.					
SIGNATURE .	Signature, typed or printed name of registered as	Street and title if applicable. (No	OTE: Registered Agent	signature require	ed when reinstatino)	DATE	
Ja	nuary 1 - May 1. Fee is \$150.00				, , , , , , , , , , , , , , , , , , ,	Ditte	
વં :	After May 1, Fee is \$550.00 Amended UBR is \$61.25				9. Election Campaig Trust Fund Contri	· -	\$5.00 May Be Added to Fees
en protesta de partir de la companya	Payable to Florida Department	Partie de la responsable de la companya de la comp		ernar i se			
10.		ND DIRECTORS	0.5% (0.0%) 8 8 13 8 7 8 14	e 12 de la compania del compania del la compania del compania de la compania de la compania del compania de		or Benediction to the art	434 2004202
TITLE	PRESIDENT		TITLE	ではおけば	医克勒斯氏 医胸膜 医克克克		
NAME	Gerald obitts 1649 ROHITS	_	NAME				
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: ICER OR DIRECTOR