


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90029 018 ***150.00

DOCUMENT # P04000000334 1. Entity Name CONFEDERATE FRAMING OF CENTRAL FLORIDA, INC.					
Principal Place of Business 1649 ROHIT STREET ORLANDO FL 32828 US			Mailing Address 1649 ROHIT STREET ORLANDO FL 32828 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
OBITTS, GERALD 1649 ROHIT ST. ORLANDO FL 32828			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/>	Addition <input type="checkbox"/>
STREET ADDRESS	OBITTS, GERALD		NAME		
CITY-ST-ZIP	1649 ROHIT ST. ORLANDO FL 32828		STREET ADDRESS		
			CITY-ST-ZIP		
TITLE	NAME	Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/>	Addition <input type="checkbox"/>
STREET ADDRESS			NAME		
CITY-ST-ZIP			STREET ADDRESS		
			CITY-ST-ZIP		
TITLE	NAME	Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/>	Addition <input type="checkbox"/>
STREET ADDRESS			NAME		
CITY-ST-ZIP			STREET ADDRESS		
			CITY-ST-ZIP		
TITLE	NAME	Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/>	Addition <input type="checkbox"/>
STREET ADDRESS			NAME		
CITY-ST-ZIP			STREET ADDRESS		
			CITY-ST-ZIP		
TITLE	NAME	Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/>	Addition <input type="checkbox"/>
STREET ADDRESS			NAME		
CITY-ST-ZIP			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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #