# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**May 16, 2005**
**Secretary of State**

DOCUMENT# P04000014748

**Entity Name:** MCFANN FRAMING, INC.

**Current Principal Place of Business:**

3282 HAMBROWN RD
KISSIMMEE, FL 34746

**New Principal Place of Business:**

**Current Mailing Address:**

3282 HAMBROWN RD
KISSIMMEE, FL 34746

**New Mailing Address:**

**FEI Number: 04-3783039** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCFANN, FLOYD
3282 HAMBROWN RD
KISSIMMEE, FL 34746 US

**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

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete
Name: MCFANN, FLOYD
Address: 3282 HAMBROWN RD
City-St-Zip: KISSIMMEE, FL 34746

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PS (X) Change ( ) Addition
Name: MCFANN, FLOYD
Address: 3282 HAMBROWN RD
City-St-Zip: KISSIMMEE, FL 34746 US

Title: VP ( ) Change (X) Addition
Name: MCFADIN, CONNIE W
Address: 3282 HAMBROWN ROAD
City-St-Zip: KISSIMMEE, FL 34746 US

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: FLOYD MCFANN P 05/16/2005

Electronic Signature of Signing Officer or Director — Date