

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000023347

Entity Name: 3D FRAMING, INC.

FILED
Feb 25, 2005
Secretary of State

Current Principal Place of Business:

3260 TWILIGHT DRIVE
CRESTVIEW, FL 32536

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 352
CRESTVIEW, FL 32536

New Mailing Address:

FEI Number: 20-0421780 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GASKIN, JOHN D
3260 TWILIGHT DRIVE
CRESTVIEW, FL 32536 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,T () Delete
Name: GASKIN, JOHN D
Address: P. O. BOX 352
City-St-Zip: CRESTVIEW, FL 32536

Title: VP () Delete
Name: BAKER, JOHN
Address: 681 EAST COBB AVENUE
City-St-Zip: CRESTVIEW, FL 32536

Title: VP () Delete
Name: CHARLES, TODD
Address: 4956 ATWELL ROAD
City-St-Zip: CRESTVIEW, FL 32536

Title: S () Delete
Name: MARTIN, DOUGLAS
Address: 401 E. CHESTNUT AVENUE
City-St-Zip: CRESTVIEW, FL 32536

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: S (X) Change () Addition
Name: TYNER, JOSHUA D
Address: 7653 HWY 85 NORTH
City-St-Zip: LAUREL HILL, FL 32567

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: JOHN D GASKIN

PRES

02/25/2005

Electronic Signature of Signing Officer or Director

_____ Date