

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P04000031563

1. Entity Name

JORDAN FRAMING INC.



Principal Place of Business

130 NORTH HALL STREET  
LABELLE, FL 33935 US

Mailing Address

130 NORTH HALL STREET  
LABELLE, FL 33935 US

**FILED**  
**Jul 09, 2008 08:00 AM**  
**Secretary of State**



05082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0930498

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

JORDAN, LESLIE L  
130 NORTH HALL STREET  
LABELLE, FL 33935

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE: PRES  
NAME: JORDAN, LESLIE L  
STREET ADDRESS: 130 NORTH HALL STREET  
CITY-ST-ZIP: LABELLE, FL 33935

TITLE:  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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STREET ADDRESS:  
CITY-ST-ZIP:

11000000953706  
07/09/08-80002-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

07/06/08 863 673-3745

Date

Daytime Phone #