2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State
01-28-2005 90034 038 ***158.75

DOCUMENT # P04000033014

1. Entity Name
HARDWOOD FRAMING, INC.

Principal Place of Business	Mailing Address
11151 NW 51 PLACE BRONSON, FL 32621	11151 NW 51 PLACE BRONSON, FL 32621

01112005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
11551 NE 51ST PL	11551 NE 51ST PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BRONSON FL	City & State: BRONSON FL
Zip: 32621 Country: LEVY	Zip: 32621 Country: LEVY

4. FEI Number: 16-1693769 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DRAKE, MICHAEL J 11151 NW 51 PLACE BRONSON, FL 32621	Name: DRAKE, MICHAEL J. Street Address (P.O. Box Number is Not Acceptable): 11551 NE 51ST PL BRONSON, FL. 32621 City FL Zip Code

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] 1/26/05
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
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DRAKE, MICHAEL J 11151 NW 51 PLACE BRONSON, FL 32621	☐ Delete	DRAKE, MICHAEL J. 11551 NE 51ST PL BRONSON, FL 32621	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLOTCHFORD, MICHAEL D 11151 NW 51 PLACE BRONSON, FL 32621	☐ Delete	BLATCHFORD, MICHAEL, D 11551 NE 51ST PL BRONSON, FL 32621	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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] 1/26/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #