

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

8/31/2005-90014-007-\$150.00-\$150.00

FILED

05 SEP 21 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000033128

1. Entity Name
PLATINUM CUSTOM FRAMING, INC.



Principal Place of Business
**2801 NORTH HALIFAX AVENUE
UNIT 241
DAYTONA BEACH, FL 32118**

Mailing Address
**2801 NORTH HALIFAX AVENUE
UNIT 241
DAYTONA BEACH, FL 32118**

T. Roberts SEP 21 2005 **50064294**



07282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Zip

Country

Zip

Country

80-0099136

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

**BURT, DAVID A
501 SOUTH RIDGEWOOD AVENUE
DAYTONA BEACH, FL 32114**

Name

Street Address (P.O. Box Number is Not Acceptable)

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, typed or printed name of registered agent and title (applicable).

(NOTE: Registered Agent signature required when remitting)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **WOLFE, MATTHEW**
STREET ADDRESS **2801 NORTH HALIFAX AVENUE**
CITY- ST- ZIP **DAYTONA BEACH, FL 32118**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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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 reports 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, without other like empowered.

SIGNATURE:

Matthew Wolfe

Signature and Title of Registered Agent or Director

8-29-05

Date

386-235-7674

Daytime Phone #