
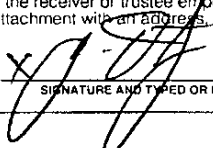


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2005 8:00 am
Secretary of State

05-20-2005 90034 002 ***150.00

DOCUMENT # P04000033224					
1. Entity Name ANTHONY'S FRAMING, INC					
Principal Place of Business 2659 GRANDMERCY DRIVE DELTONA, FL 32738 US			Mailing Address 2659 GRANDMERCY DRIVE DELTONA, FL 32738 US		
2. Principal Place of Business 762 Leeward Dr		3. Mailing Address 762 Leeward Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Deltona, FL		City & State Deltona, FL		4. FEI Number 20-0751800	
Zip 32738		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ORTIZ, JOSE A 2659 GRANDMERCY BLVD DELTONA, FL 32738			Name Street Address (P.O. Box Number is Not Acceptable) 762 Leeward Dr. City Deltona FL Zip Code 32738		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY - ST - ZIP	P ORTIZ, JOSE A 2659 GRANDMERCY DRIVE DELTONA, FL 32738 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 762 Leeward Dr. Deltona, FL 32738	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date _____ Daytime Phone # _____</small>					

50052999



05022005 Chg-P CR2E034 (10/03)

ATTACHMENT
#P04000033224
50052999

Nora B. Romero

Certified Public Accountant

2411 E. Graves Ave.
Suite #4
Orange City, FL 32763
386-851-0040

Florida Dept of State
Division of Corporation
Tallahassee, FL 32302-1500

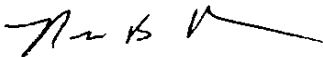
Re: Anthony's Framing, Inc.

Dear Sir/Madam:

Enclosed is the annual report for Anthony's Framing, Inc. Please be advice that management was not aware of the annual filing requirement and did not received a postcard in the mail. We are therefore respectfully requesting an abatement of the penalty.

If you have any further question regarding this matter, please contact me.

Sincerely,



Nora B. Romero
CPA