

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000038081

FILED  
Oct 03, 2005  
Secretary of State

Entity Name: FRAMES AND ASSOCIATES, INC.

## Current Principal Place of Business:

8535 MOSS POINTE TRL S  
JACKSONVILLE, FL 32244

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 3954  
JACKSONVILLE, FL 32206

## New Mailing Address:

FEI Number: 03-0512600

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ELAM, TERESA W  
8535 MOSS POINTE TRL S  
JACKSONVILLE, FL 32244 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: TERESA W. ELAM

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ELAM, TERESA W  
Address: PO BOX 3954  
City-St-Zip: JACKSONVILLE, FL 32206

Title: VP ( ) Delete  
Name: WILLIAMS, SAKINA B  
Address: 5409 MINOSA COURT  
City-St-Zip: JACKSONVILLE, FL 32209

Title: S ( ) Delete  
Name: WILLIAMS, MARY A  
Address: 8087 SUN VALLEY DRIVE  
City-St-Zip: JACKSONVILLE, FL 32210

## 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:

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: TERESA W ELAM

P

10/03/2005

Electronic Signature of Signing Officer or Director

Date