

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000038081

FILED
Dec 15, 2008
Secretary of State**Entity Name:** FRAMES AND ASSOCIATES, INC.**Current Principal Place of Business:**8087 SUN VALLEY DR
JACKSONVILLE, FL 32210**New Principal Place of Business:**8535 MOSS POINTE TRL S
JACKSONVILLE, FL 32244**Current Mailing Address:**PO BOX 442017
JACKSONVILLE, FL 32222**New Mailing Address:**8535 MOSS POINTE TRL S
JACKSONVILLE, FL 32244**FEI Number:** 03-0512600**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WILLIAMS, MARY A
8087 SUN VALLEY DR
JACKSONVILLE, FL 32210 US**Name and Address of New Registered Agent:**ELAM, TERESA W
8535 MOSS POINTE TRL S
JACKSONVILLE, FL 32244 US

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

12/15/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILLIAMS, MARY A
Address: PO BOX 442017
City-St-Zip: JACKSONVILLE, FL 32222

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

Title: S () Delete
Name: RIVERS, CLAUSELL
Address: 3998 HATCHING COURT
City-St-Zip: JACKSONVILLE, FL 32210

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ELAM, TERESA W
Address: 8535 MOSS POINTE TRL S
City-St-Zip: JACKSONVILLE, FL 32244

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AS () Change (X) Addition
Name: WILLIAMS, MARY W
Address: 8087 SUN VALLEY DR
City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

12/15/2008

Electronic Signature of Signing Officer or Director

Date