

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000057687 1. Entity Name FANNIN FRAMING, INC.						FILED 05 MAY -9 PM 2:42 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 309 TEMPLE CT WINTER HAVEN, FL 33880 <i>Mailing Address</i>				Mailing Address 10690 JIM EDWARDS ROAD HAINES CITY, FL 33844 <i>Delet</i>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address 309 Temple Ct			
City & State Winter Haven, FL				4. FEI Number 45-0538363			
Zip 33880				Country Polk			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04182005 Chg-P CR2E034 (10/03)			
6. Name and Address of Current Registered Agent PIPPEN, JOSEPH F JR 10225 ULMERTON RD, BLDG 11 LARGO, FL 33771				7. Name and Address of New Registered Agent Name Robert A. Fannin Street Address (P.O. Box Number is Not Acceptable) 309 Temple Ct City Winter Haven, FL Zip Code 33880			
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 _____							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P <input checked="" type="checkbox"/> Delete NAME SCHUBERT, WILLIAM STREET ADDRESS 27 LOUISIANA AVE CITY-ST-ZIP SAINT CLOUD, FL 34769				TITLE PT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Robert A. Fannin STREET ADDRESS 309 Temple Ct CITY-ST-ZIP Winter Haven, FL 33880			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Travis Morton STREET ADDRESS 517 Poinsettia Rd CITY-ST-ZIP Auburn Dale, FL 33823			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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 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: <u>Robert Fannin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						4/30/05 <small>Date</small>	