

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90069 007 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                         |                                                                                                                     |                                                                                                                                                                                        |                                                                                                         |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P04000097622</b><br>1. Entity Name<br><b>ADAMS FRAMING &amp; TRIM, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                         |                                                                                                                     |                                                                                                                                                                                        |                                                                                                         |  |
| Principal Place of Business<br><b>1801 7TH STREET S.W.<br/>WINTER HAVEN, FL 33880-4376</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                         |                                                                                                                     | Mailing Address<br><b>1801 7TH STREET S.W.<br/>WINTER HAVEN, FL 33880-4376</b>                                                                                                         |                                                                                                         |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                         | 3. Mailing Address                                                                                                  |                                                                                                                                                                                        |                                                                                                         |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                         | Suite, Apt. #, etc.                                                                                                 |                                                                                                                                                                                        |                                                                                                         |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                         | City & State                                                                                                        |                                                                                                                                                                                        |                                                                                                         |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                                                 | Zip                                                                                                                 | Country                                                                                                                                                                                |                                                                                                         |  |
| 4. EEI Number<br><b>51-0519315</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         |                                                                                                                     |                                                                                                                                                                                        | Applied For<br>Not Applicable                                                                           |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                         |                                                                                                                     |                                                                                                                                                                                        | <b>\$8.75</b> Additional Fee Required                                                                   |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                         |                                                                                                                     | 7. Name and Address of New Registered Agent                                                                                                                                            |                                                                                                         |  |
| <b>ADAMS, GREGORY J<br/>1801 7TH STREET S.W.<br/>WINTER HAVEN, FL 33880-4376</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                         |                                                                                                                     | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                                                                                         |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                         |                                                                                                                     |                                                                                                                                                                                        |                                                                                                         |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                         | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |                                                                                                                                                                                        |                                                                                                         |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                         |                                                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                  |                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>D</b> <input type="checkbox"/> Delete<br><b>ADAMS, GREGORY K<br/>2970 PLANTATION ROAD<br/>WINTER HAVEN, FL 33884</b> |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Gregory J. Adams</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>D</b> <input type="checkbox"/> Delete<br><b>ADAMS, JOSEPH<br/>125 WODEN WAY<br/>WINTER HAVEN, FL 33884</b>           |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>D</b> <input type="checkbox"/> Delete<br><b>ADAMS, DIANE<br/>P.O. BOX 9513<br/>WINTER HAVEN, FL 338839513</b>        |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                                                         |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                                                         |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                                                         |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>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)(f), 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>Gregory J. Adams</u> <b>4-6-05</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="float: right;"> <small>Date</small> <small>Daytime Phone #</small> </div>                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                         |                                                                                                                     |                                                                                                                                                                                        |                                                                                                         |  |

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