

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

3/11/2005-90312-004-\$150.00-\$150.00 *
9/9/2005-90032-012-\$150.00-\$150.00

DOCUMENT # P04000134499

1. Entity Name
TONY B FRAMING, INC.



FILED

05 OCT 14 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**PO BOX 20184
TAMPA FL 33622**

Mailing Address
**PO BOX 20184
TAMPA FL 33622**

2. Principal Place of Business
302 S. Habana Ave.

3. Mailing Address
302 S. Habana Ave.

Suite, Apt. #, etc.
Tampa, FL

Suite, Apt. #, etc.
Tampa, FL

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33609

Country
USA

Zip
33609

Country
USA

STATEMENT OF WORK
2nd MOORE CR2E034 (5/05)

4. FEI Number
020733210

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**HICKS, LEWIS C JR.
116 KRENTAL AVE
TAMPA FL 33609**

7. Name and Address of New Registered Agent
Name **Anthony I. Belle**
Street Address (P.O. Box Number is Not Acceptable)
302 S. Habana Ave.
City **Tampa** FL Zip Code **33609**

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 re-registering) DATE _____

FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005
Make Check Payable to Florida Department of State

S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P BELLE, ANTHONY I 403 E SLIGH AVENUE SEFFNER FL 33584	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
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: Anthony I. Belle **OCT-2-05 813-786-2512**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #