

# **2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000016682

**FILED**  
**Jul 05, 2006**  
**Secretary of State**

**Entity Name:** CLASSIC FRAMING SPECIALISTS III, INC.

**Current Principal Place of Business:**

669 PICKFAIR TERRACE  
LAKE MARY, FL 32746 US

**New Principal Place of Business:**

**Current Mailing Address:**

669 PICKFAIR TERRACE  
LAKE MARY, FL 32746 US

**New Mailing Address:**

**FEI Number:** 20-2494374

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BOSS, JAMES  
Address: 669 PICKFAIR TERRACE  
City-St-Zip: LAKE MARY, FL 32746 US

Title: D ( ) Delete  
Name: HEATON, JOSH  
Address: 2740 WEST COVINGTON DRIVE  
City-St-Zip: DELTONA, FL 32738 US

Title: T ( ) Delete  
Name: DAVIS, DERICK  
Address: 669 PICKFAIR TERRACE  
City-St-Zip: LAKE MARY, FL 32746

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: BAGBY, JACK  
Address: 669 PICKFAIR TERRACE  
City-St-Zip: LAKE MARY, FL 32746 US

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 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:** JAMES BOSS

P

07/05/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date