2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 21, 2007 8:00 am
Secretary of State

07-24-2007 90038 029 ***150.00

DOCUMENT # P06000043139

1. Entity Name
JH FRAMING INC

66021220

2nd MOORE CR2E034 (4/07)

Principal Place of Business	Mailing Address
6340TOYOTA DR 32244 JACKSONVILLE FL 32244	6340TOYOTA DR 32244 JACKSONVILLE FL 32244

2. Principal Place of Business - No P O Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 205776638 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ESPINOSA, JUAN SR 6340 TOYOTA DR JACKSONVILLE FL 32244	Name Street Address (P O Box Number is Not Acceptable) City FL Zip Code

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
DUE BY September 5, 2007
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 ESPINOSA, JUAN SR 6340 TOYOTA DR JACKSONVILLE FL 32244 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Juan Espinosa 7-16-07 504 772 5157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7-16-07

ATTACHMENT
66021220

J.H. Framing Inc.
#P06000043139

To whom it may concern
I request....
I never recieved the original paper, the only paper that I did recieve is the one I sent with this letter. The paper in the envelope came with another part, but I sent it to the post office. And im wondering why I have a $400.00 late fee. So right now Im paying $150.00 on a check. Please feel free to call me at (904) 477-5157. Thank you

Sincerely,