

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90278 035 \*\*\*150.00

<b>DOCUMENT # P06000092802</b>					
<b>1. Entity Name</b> THE FRAMERY OF LAKE CITY, INC.					
<b>Principal Place of Business</b> 493 SW SAN JUAN GLEN LAKE CITY, FL 32025 US			<b>Mailing Address</b> 493 SW SAN JUAN GLEN LAKE CITY, FL 32025 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 855 SW Baya Dr		<b>3. Mailing Address</b> 855 SW Baya Dr			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Lake City FL		<b>City &amp; State</b> Lake City FL		<b>4. FEI Number</b> 20-5170915	
<b>Zip</b> 32025		<b>Country</b> Columbia		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> BEATY, HELEN 493 SW SAN JUAN GLEN LAKE CITY, FL 32025					
<b>7. Name and Address of New Registered Agent</b>					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State <b>FL</b> Zip Code					
<b>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.</b>					
SIGNATURE <u>Helen Beaty</u> DATE <u>4/16/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> P	<b>NAME</b> BEATY, HELEN <input type="checkbox"/> Delete				
<b>STREET ADDRESS</b> 493 SW SAN JUAN GLEN	<b>CITY - ST - ZIP</b> LAKE CITY, FL 32025				
<b>TITLE</b> 	<b>NAME</b> <input type="checkbox"/> Delete				
<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 				
<b>TITLE</b> 	<b>NAME</b> <input type="checkbox"/> Delete				
<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 				
<b>TITLE</b> 	<b>NAME</b> <input type="checkbox"/> Delete				
<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 				
<b>TITLE</b> 	<b>NAME</b> <input type="checkbox"/> Delete				
<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>NAME</b>					
<b>STREET ADDRESS</b>					
<b>CITY - ST - ZIP</b>					
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>NAME</b>					
<b>STREET ADDRESS</b>					
<b>CITY - ST - ZIP</b>					
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>NAME</b>					
<b>STREET ADDRESS</b>					
<b>CITY - ST - ZIP</b>					
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>NAME</b>					
<b>STREET ADDRESS</b>					
<b>CITY - ST - ZIP</b>					
<b>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.</b>					
<b>SIGNATURE:</b> <u>Helen Beaty</u> <u>4/16/07</u> <u>(386) 754-2780</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					