

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P10000043424

**Entity Name:** ALL FLORIDA FRAMING INC.

**FILED**  
**Oct 22, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5144 DOVE DR.  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

26126 VOYAGER BLVD  
LAND O LAKES, FL 34639

**Current Mailing Address:**

5144 DOVE DR.  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

26126 VOYAGER BLVD  
LAND O LAKES, FL 34639

**FEI Number:** 90-0580216

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JONES, JEREMY A  
5144 DOVE DR  
NEW PORT RICHEY, FL 34652 US

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

LUSTER, JOESPH M  
26126 VOYAGER BLVD  
LAND O LAKES, FL 34639 US

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: JOESPH M LUSTER

Electronic Signature of Registered Agent

10/22/2012

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LUSTER, JOESPH M  
Address: 26126 VOYAGER BLVD  
City-St-Zip: LAND O LAKES, FL 34639

I hereby 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 all other like empowered.

SIGNATURE: JOESPH M LUSTER

Electronic Signature of Signing Officer or Director

PRES

10/22/2012

Date