2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 02, 2005 08:00 AM Secretary of State

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1. Entity Na	JMENT # P9400004400 ART & FRAME, INC.)9				etary of State
Principal Pia 4211 W WA SUITE D TAMPA, FL	TERS AVE	Mailing Address 4211 W WATERS AVE SUITE D TAMPA, FL 33614	idi bişi ili bilik Himmi İtanı başını'] 	. . 	Y BARIN BIBW BAWA BUWA ARWEU W ALAN
DO NOT WRITE IN THIS SPACE				01122005 No Chg-P CR2E034 (10/03) 4. FEI Number		
	Name and Address of Current Region AYE R NDLEWOOD DR FL 33556	DO NOT WRITE IN THIS SPACE				
the obliga	e named entity submits this statement for the tions of registered agent.	purpose of changing its registers	ed office or registere	ed agent, or both, i	n the State of Florida	. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	all applicable. (NOTE, Registered	d Agent signature required	when reinstating)		DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.	+	00 May Be ad to Fees		
10.	OFFICERS AND DIRE	CTORS	r — ·		····	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ABBEY, JAYE R 9204 BRINDLEWOOD DR ODESSA, FL 33556	نعمن				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				!	00000020 02/02/05–80	9675 049-017 150.00
NAME STREET ADDRESS CITY-SI-ZIP		<u> </u>			IOT WR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN TI	HIS SPA	CE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
of the con	pertify that the information supplied with this f on this report or supplemental report is true poration or the receiver or trustee empowere or on an attachment with an address, with al	and accurate and that my signati d to execute this report as requir	ire spall have the co	ame lecal entect ac	if made under dath; i nd that my name app	hat I am an officer or director I
J. WIAVI		NAME OF SIGNING OFFICER OR DIRECTO	OR .	1111	Date	Daytime Prione #