

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90118 032 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P94000058999

1. Entity Name
 T-SQUARE FRAMING, INC.



Principal Place of Business
 1185 CHERRY STONE CT
 UNIT D
 NAPLES, FL 34102 US

Mailing Address
 1185 CHERRY STONE CT
 UNIT D
 NAPLES, FL 34102 US

24072737



04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-0510203

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BLAIS, CLAUDE
 1185 CHERRY STONE CT
 UNIT D
 NAPLES, FL 34102

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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 \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
 NAME BLAIS, CLAUDE
 STREET ADDRESS 1185 CHERRY STONE CT
 CITY-ST-ZIP NAPLES, FL 34102

TITLE Principle Place of Business
 NAME 3127 Boca Ciega Drive
 STREET ADDRESS Naples, Florida 34112
 CITY-ST-ZIP

TITLE mailing Address
 NAME 3127 Boca Ciega
 STREET ADDRESS Naples Florida, 34112
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CLAUDE BLAIS CLAUDE BLAIS PRESIDENT 04/28/04 (239) 404-6138