

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 20, 2004 8:00 am
Secretary of State

08-20-2004 90006 031 ***558.75

DOCUMENT # P95000064072

1. Entity Name

PROFESSIONAL FRAMERS INC.



Principal Place of Business

1639 CAPE CORAL PKWY
211
CAPE CORAL FL 33904

Mailing Address

1639 CAPE CORAL PKWY
211
CAPE CORAL FL 33904

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0607855

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

~~STRINGER, LARRY~~
2505 S.E. 25TH AVENUE
CAPE CORAL FL 33904

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

8/17/04

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

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	P	<input type="checkbox"/> Delete
NAME	STRINGER, LARRY	
STREET ADDRESS	2505 S.E. 25TH AVENUE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	STRINGER, LARISSA	
STREET ADDRESS	2505 S.E. 25TH AVENUE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	V	<input type="checkbox"/> Delete
NAME	BRIETWIESER, ALVAH	
STREET ADDRESS	892 DEAN WAY	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	COWLISHMAN, VIC	
STREET ADDRESS	8310 MALIBU COURT	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, until otherwise empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/17/04 (239) 540-3350