

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000002360

FILED  
Jan 28, 2005  
Secretary of State

Entity Name: CENTRAL FLORIDA FRAMING, INC.

**Current Principal Place of Business:**

PO BOX 1554  
AUBURNDALE, FL 33823

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1554  
AUBURNDALE, FL 33823

**New Mailing Address:**

FEI Number: 59-3354884

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

RICE, LARRY  
345 BAYBERRY DRIVE  
POLK CITY, FL 33868 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: RICE, LARRY M  
Address: 345 BAYBERRY DRIVE  
City-St-Zip: POLK CITY, FL 338689345

Title: D ( ) Delete  
Name: RICE, BEVERLY  
Address: 345 BAYBERRY DRIVE  
City-St-Zip: POLK CITY, FL 338689345

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LARRY M. RICE

D

01/28/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date