

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-07-2004 90013 038 ***150.00

DOCUMENT # P96000090029

1. Entity Name

NORTH SOUTH FRAMING, INC.



Principal Place of Business

898 CLEARMONT STREET
SEBASTIAN FL 32958

Mailing Address

898 CLEARMONT STREET
SEBASTIAN FL 32958

34046000



MOORE CR2E034 (11/03)

2. Principal Place of Business

13250 N 79th St
Suite, Apt. #, etc.

3. Mailing Address

13250 N 79th St
Suite, Apt. #, etc.

City & State

Fellsmere, FL

City & State

Fellsmere, FL

4. FEI Number

65-0480537

Applied For

Not Applicable

Zip

32948

Country

US

Zip

32948

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARTER, BURNEY J
1623 US 1
SEBASTIAN FL 32958

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GEHRKE, GARY G	
STREET ADDRESS	898 CLEARMONT STREET	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	V	<input type="checkbox"/> Delete
NAME	GEHRKE, TIMOTHY J	
STREET ADDRESS	171 CAPONA ST	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	ST	<input type="checkbox"/> Delete
NAME	VANDUSEN, SCOTT T	
STREET ADDRESS	248 CORY AVE	
CITY-ST-ZIP	PALM BAY FL 32407	
TITLE	V	<input type="checkbox"/> Delete
NAME	FUEGEL, ROBERT E	
STREET ADDRESS	226 ZANC AVE	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	13250 N 79th St
CITY-ST-ZIP	Fellsmere, FL 32948
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	9155 103rd CT
CITY-ST-ZIP	Vero Beach, FL 32967
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gary Gehrke

4/5/04

772.473.0959