


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90029 005 \*\*\*150.00

<b>DOCUMENT # P97000022499</b>	
1. Entity Name <b>MID - FLA. FRAMING, INC.</b>	

Principal Place of Business <b>119 RECKER HIGHWAY AUBURNDALE, FL 33823 US</b>	Mailing Address <b>5754 SR 542 WEST SUITE #1 WINTER HAVEN, FL 33880-5122 US</b>
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**34034343**

2. Principal Place of Business <b>515 5th Street SW</b>	3. Mailing Address <b>515 5th Street</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01122004 Chg-P CR2E034 (10/03)

City & State <b>Winter Haven, FL</b>	City & State <b>Winter Haven, FL</b>
Zip <b>33880</b>	Zip <b>33880</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>59-3439700</b>	Applied For <input type="checkbox"/> Not Applicable
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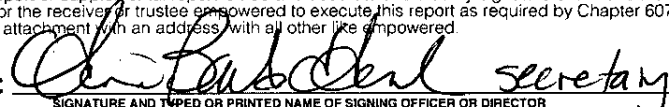
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>BAXTER, HAROLD R 119 RECKER HIGHWAY LAKE WALES, FL 33853</b>	
7. Name and Address of New Registered Agent Name <b>515 5th Street SW</b> Street Address (P.O. Box Number is Not Acceptable) City <b>Winter Haven</b> FL Zip Code <b>33880</b>	

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HATMAKER, GARY 119 RECKER HWY AUBURNDALE, FL 33823</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/D Hatmaker Gary 515 5th Street SW Winter Haven, FL 33880</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BAXTER, HAROLD R 119 RECKER HWY AUBURNDALE, FL 33823</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D Baxter, Harold R 515 5th Street SW Winter Haven, FL 33880</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S HANCOCK, TRINA B 4444 WALK IN WATER RD. LAKE WALES, FL 33898</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  <b>Trina Baxter Hancock</b>	Date <b>4-20-04</b> Daytime Phone # <b>863-299-7500</b>