

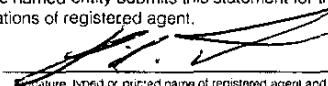


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90249 047 ***150.00

DOCUMENT # P97000022499 1. Entity Name MID - FLA. FRAMING, INC.					
Principal Place of Business 515 5TH ST. SW WINTER HAVEN, FL 33880 US				Mailing Address 515 5TH ST. SW WINTER HAVEN, FL 33880 US	
2. Principal Place of Business 5754 SR 542 West Suite, Apt. #, etc. Suite #4 City & State Winter Haven, FL		3. Mailing Address 5754 SR 542 West Suite, Apt. #, etc. Suite #4 City & State Winter Haven, FL		20044573 	
Zip 33880		Country USA		4. FEI Number 59-3439700	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BAXTER, HAROLD R 515 5TH ST. SW WINTER HAVEN, FL 33880				7. Name and Address of New Registered Agent Name Harold R Baxter Street Address (P.O. Box Number is Not Acceptable) 5754 SR 542 West Suite #4 City Winter Haven, FL Zip Code 33880	
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  (NOTE: Registered Agent signature required when reinstating) DATE 4/17/05					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HATMAKER, GARY <input type="checkbox"/> Delete 515 5TH ST. SW WINTER HAVEN, FL 33880		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5754 SR 542 West Suite#4 Winter Haven, FL 33880	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAXTER, HAROLD R <input type="checkbox"/> Delete 515 5TH ST. SW WINTER HAVEN, FL 33880		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5754 SR 542 West Suite#4 Winter Haven, FL 33880	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HANCOCK, TRINA B <input type="checkbox"/> Delete 4444 WALK IN WATER RD. LAKE WALES, FL 33898		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5754 SR 542 West Suite #4 Winter Haven, FL 33880	
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: 			President 4-1505 8639650011		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		