

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000051091

FILED  
Jul 06, 2007  
Secretary of State

Entity Name: DEISLER CUSTOM FRAMING, INC.

**Current Principal Place of Business:**

416 SOUTH COUNTY HWY 393  
BLDG 1 UNIT 4  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1325  
DEFUNIAK SPRINGS, FL 32435 US

**New Mailing Address:**

FEI Number: 59-3454996

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DEISLER, WILLIAM J  
423 TWIN LAKES DRIVE  
DE FUNIAK SPRINGS, FL 32433 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: P ( ) Delete  
Name: DEISLER, WILLIAM J  
Address: 423 TWIN LAKES DRIVE  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: WILLIAM J. DEISLER

PRES

07/06/2007

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

\_\_\_\_\_  
Date