


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000006530		
1. Entity Name FRAME-A-STOCK, INC.		

Principal Place of Business 5460 CARTER ROAD FT. MYERS, FL 33905-6501	Mailing Address 5460 CARTER ROAD FT. MYERS, FL 33905-6501
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2. Principal Place of Business - No P.O. Box # 627 SE 16 <sup>TH</sup> TERRACE	3. Mailing Address 627 SE 16 <sup>TH</sup> TERRACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State CAPE CORAL FL	City & State CAPE CORAL FL
Zip 33990	Zip 33990
Country LEE	Country LEE

6. Name and Address of Current Registered Agent WILLIAMS, EILEEN EA 874 VAN BUREN STREET FT. MYERS, FL 33916		7. Name and Address of New Registered Agent Name WILLIAMS, EILEEN EA Street Address (P.O. Box Number is Not Acceptable) 9846 CREEKWOOD LANE City FT MYERS FL Zip Code 33905	
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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 Eileen Williams, EA DATE 9/11/08

(Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-registering))

<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STOCKTON, TIM 5460 CARTER RD FORT MYERS, FL 33905 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SKYE ROBINSON 627 SE 16 <sup>TH</sup> TERRACE CAPE CORAL FL 33990 <input type="checkbox"/> Change <input checked="" 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
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 furnished with this filing does not qualify for the exemptions contained 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 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 or without other like empowered.

SIGNATURE [Signature] DATE 9/15/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
08 SEP 16 PH 4:13  
CLERK OF STATE  
ATLANTA, FLORIDA



09112008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3564975	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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09/18/08-01046-022 \*\*158.75