

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90575 038 ***150.00

DOCUMENT # P99000008799

1. Entity Name

ASSOCIATED FRAMERS, INC.



Principal Place of Business

ASSOCIATED FRAMERS INC
918 R NEW YORK AVE
SAINT CLOUD FL 34769

Mailing Address

ASSOCIATED FRAMERS INC
1017 KENTUCKY AVENUE
ST. CLOUD FL 34769

2. Principal Place of Business

918 R NEW YORK AVE

Suite, Apt. #, etc.

S

City & State

ST. CLOUD FL

Zip

34769

Country

OSCCOLA

3. Mailing Address

1017 KENTUCKY AVE

Suite, Apt. #, etc.

City & State

ST. CLOUD FL

Zip

34769

Country

OSCCOLA



MOORE

CR2E034 (11/03)

4. FEI Number

59-3570955

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEREDITH, WHITNEY C
1017 KENTUCKY AVENUE
ST. CLOUD FL 34769

7. Name and Address of New Registered Agent

Name

WHITNEY C MEREDITH

Street Address (P.O. Box Number is Not Acceptable)

1017 KENTUCKY AVE

ST. CLOUD

City

ST. CLOUD

FL

Zip Code

34769

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

Whitney C Meredith

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-14-04

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 PD ☐ Delete
NAME MEREDITH, WHITNEY C
STREET ADDRESS 1017 KENTUCKY AVENUE
CITY-ST-ZIP ST. CLOUD FL 34769

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ASSISTANT SUPERVISOR ☐ Change ☒ Addition
NAME STEVEN ASCHERFOLD
STREET ADDRESS 1017 KENTUCKY AVE
CITY-ST-ZIP ST. CLOUD, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Whitney C Meredith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-04 4078911116

Date

Daytime Phone #