

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90026 026 ***558.75

DOCUMENT # P99000109634

1. Entity Name
FOUR X FOUR FRAMING, INC.



Principal Place of Business
**1550 PETERSON ROAD
ORANGE CITY, FL 32763**

Mailing Address
**1550 PETERSON ROAD
ORANGE CITY, FL 32763**

50058875

2. Principal Place of Business
519 Cypress Avenue
Suite, Apt. #, etc.

3. Mailing Address
519 Cypress Avenue
Suite, Apt. #, etc.



07142005 Chg-P CR2E034 (10/03)

City & State
Orange City, FL
Zip Country
32763 USA

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Orange City, FL
Zip Country
32763 USA

4. FEI Number
59-3614408

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DOERR, WENDI J
1550 PETERSON ROAD
ORANGE CITY, FL 32763**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
519 Cypress Avenue
City **Orange City** **FL** Zip Code **32763**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME **PD**
STREET ADDRESS **DOERR, DANIEL C**
CITY-ST-ZIP **1550 PETERSON ROAD
ORANGE CITY, FL 32763** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS **519 Cypress Avenue**
CITY-ST-ZIP **Orange City, FL 32763**

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Daniel C. Doerr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel C. Doerr

7/29/05

Daytime Phone #