2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # S49384 1. Entity Name ART & FRAME DIRECT, INC.

FILED Apr 22, 2004 08:00 AM Secretary of State

Principal Place of Business 11423 SATELITTE ROAD ORLANDO, FL 32837 US Mailing Address

11423 SATELLITE BLVD ORLANDO, FL 32837 US



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CR2E034 (10/03) Applied For 4. FEI Number 59-3069694 Not Applicable

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

EOUSE, GEORGE A. 11423 SATELLITE BLVD ORI ANDO EL 32837

DO NOT WRITE

No Chg-P

02052004

ONLANDO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			IN	I HIS SPACE	
	named entity submits this statement for the plants of registered agent.	urpose of changing its registered	office or re	egistered agent, or bo	ith, in the State of Florida. I am familiar with, and acc	ept
SIGNATURE.	Signature, typed or printed name of registered agent and title	If applicable (NOTE, Registered A	gent signature	required when reinstating)	DATE	
File NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000125173 04/22/04-80074-008 150.00	
10. OFFICERS AND DIRECTORS				_		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST EOUSE, GEORGE A. 11423 SATELLITE BLVD ORLANDO, FL					-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO ESGUERA, JOHN H 11423 SATELLITE ROAD ORLANDO, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DORTHY EOUSE 11423 SATELLITE BLVD ORLANDO, FL			DO	NOT WRITE	
TITLE NAME STREET ADDRESS DITY-ST-ZIP				IÑ '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					- -	
TITLE				•	•	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _

STREET ADDRESS CITY-ST-ZIP