


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90453 010 ***150.00

DOCUMENT # P04000027157

1. Entity Name
 MIKE PENROD FRAMING INC.



Principal Place of Business Mailing Address

5385 ALCOLA WAY S. 5385 ALCOLA WAY S.
 ST. PETE., FL 33712 ST. PETE., FL 33712

DO NOT WRITE IN THIS SPACE

60031716



01162006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 59-3784371 Not Applicable

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

6. Name and Address of Current Registered Agent

PENROD, MICHAEL
 5385 ALCOLA WAY S.
 ST. PETE., FL 33712

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PENROD, MIKE 5385 ALCOLA WAY S. ST. PETE., FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBINSON, KYLE J 1870 CLEARBROOKE DR. CLEARWATER, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PENROD, DONNA 5385 ALCOLA WAY SOUTH SAINT PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied 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 all other like empowered.

SIGNATURE: Mike Penrod MIKE PENROD 4/1/06 727 251-6064

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

