

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000089661	
1. Entity Name THE VILLAGE FRAME SHOP, INC.	

Principal Place of Business 309 EAST HIGHWAY 50 CLERMONT, FL 34711	Mailing Address 309 EAST HIGHWAY 50 CLERMONT, FL 34711
--	--



03302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1909956	Applied For ☐ Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent ADAMS, SANDRA W 309 EAST HIGHWAY 50 CLERMONT, FL 34711
--

DO NOT WRITE IN THIS SPACE

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 \$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
---	---------------------------------------

000000503826
04/26/06-80047-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADAMS, SANDRA W 309 E HWY 50 CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ERNEST, PEGGY S 309 E HWY 50 CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, GENE M 309 E HWY 50 CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERNEST, JOHN M 309 E HWY 50 CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: <u>Sandra W. Adams</u> SANDRA W. Adams	<u>3/31/06</u> 352-242-9674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #