

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000055837

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** COLSON FRAMING, INC.

**Current Principal Place of Business:**

7188 W. COTTAGE LANE  
CRYSTAL RIVER, FL 34429

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2769  
HOMOSASSA, FL 34447

**New Mailing Address:**

**FEI Number:** 59-3335631

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COLSON, TROY  
7188 W COTTAGE LANE  
CRYSTAL RIVER, FL 34429 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: COLSON, TROY D  
Address: 7188 W COTTAGE LANE  
City-St-Zip: CRYSTAL RIVER, FL 34429

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TROY COLSON

PRES

04/30/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date