


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # G54553 1. Entity Name JOHN'S FRAMING AND TRIM, INC.	
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Principal Place of Business % JOHN J. DEVINE 2265 S. LAGOON CIRCLE CLEARWATER, FL 34625	Mailing Address % JOHN J. DEVINE 2265 S. LAGOON CIRCLE CLEARWATER, FL 34625
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01082006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2320730

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DEVINE, JOHN J.
2265 S. LAGOON CIRCLE
CLEARWATER, FL 34625

**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**

100000384027
01/13/06-80023-024 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEVINE, JOHN J. 2265 S. LAGOON CIRCLE CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEVINE, MARIE A. 2265 S. LAGOON CIRCLE CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERNANDEZ, LORENZO 3937 PARK BLVD LOT 3 PINELLAS PARK, FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:

Marie A. Devine Marie A. Devine 12/3/05 727-797-0167

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #