

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90035 003 ***150.00

DOCUMENT # J13847			
1. Entity Name B & C FRAME AND TRIM, INC.			
Principal Place of Business 11429 PITCAIRN ST. BROOKSVILLE FL 34613 US		Mailing Address 11429 PITCAIRN ST. BROOKSVILLE FL 34613 US	
2. Principal Place of Business - No P.O. Box # 8399 HOLLY TREE DR.		3. Mailing Address 8399 HOLLY TREE DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BROOKSVILLE FL		City & State BROOKSVILLE, FL	
Zip 34613	Country HERNANDO	Zip 34613	Country HERNANDO
6. Name and Address of Current Registered Agent COULTON, RICHARD 11429 PITCAIRN ST. BROOKSVILLE FL 34613			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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)			



1st MOORE CR2E034 (10/07)

4. FEI Number **59-2677286** Applied For
Not Applicable

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PST COULTON, RICHARD 11429 PITCAIRN ST BROOKSVILLE FL ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D COULTON, RICHARD 11429 PITCAIRN ST. BROOKSVILLE FL ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Richard B. Coulton **Richard B. Coulton** 1/8/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR