2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J16386

1. Entity Name
C & O FRAMING & CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
14729 COLOMA LANE ODESSA, FL 33556	14729 COLOMA LANE ODESSA, FL 33556

DO NOT WRITE IN THIS SPACE

04142006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2681003	Not Applicable

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

6. Name and Address of Current Registered Agent

HOLCOMB, VICTOR W
106 S TAMPANIA AVE
SUITE 200
TAMPA, FL 33609

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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	U00000534573 05/08/06-80017-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	PVD
NAME	JOHNSON, JEFFREY
STREET ADDRESS	14729 COLOMA LANE
CITY-ST-ZIP	ODESSA, FL 33556

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Jeffrey Johnson_ Jeffrey Johnson   President   4-23-06   813-267-0901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #