


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # J16386**  
 1. Entity Name  
**C & O FRAMING & CONSTRUCTION, INC.**



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

**DO NOT WRITE IN THIS SPACE**



04142006    No Chg-P    CR2E034 (11/05)

4. FEI Number: **59-2681003**      Applied For:  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**

**DO NOT WRITE IN THIS SPACE**

6. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

UN0000534573  
 05/08/06-80017-014 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD JOHNSON, JEFFREY 14729 COLOMA LANE ODESSA, FL 33556
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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 an attachment with an address, with all other like empowered.

SIGNATURE: *Jeffrey Johnson* **Jeffrey Johnson** *President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date: **4-23-06**      Daytime Phone #: **888-267-0901**