2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000117818

1. Entity Name
PASCO FRAMING, INC.

ьии37858

Principal Place of Business	Mailing Address
11250 US HWY 98 SOUTH	11250 US HWY 98 SOUTH
DADE CITY, FL 33525	DADE CITY, FL 33525

DO NOT WRITE IN THIS SPACE

04242006	No Chg-P	CR2E034 (11/05)

4. FEI Number		Applied For
59-3686922		Not Applicable

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

6. Name and Address of Current Registered Agent

MURPHY, DAVID J ESQ
14217 THIRD STREET
DADE CITY, FL 33523-3828

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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	

10.	OFFICERS AND DIRECTORS	
TITLE	D	
NAME	NEAL, MYRON M	
STREET ADDRESS	~~3731 TACK DRIVE~~ 11250 U.S. Hwy. 98 S.	
CITY-ST-ZIP	~~ZEPHYRHILLS, FL 33543~~ Dade City, FL 33525	
TITLE	V	
NAME	GUADARRAMA, REFUGIO	
STREET ADDRESS	37025 AVONDALE AVE.	
CITY-ST-ZIP	DADE CITY, FL 33523	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #