
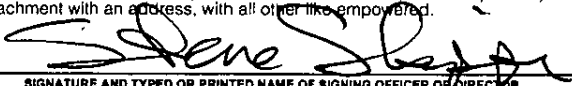


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000016333		
1. Entity Name STEVE SKIPPER FRAMING, INC.		
Principal Place of Business 521 CHAF CHASON RD QUINCY, FL 32352		Mailing Address 521 CHAF CHASON RD QUINCY, FL 32352
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SKIPPER, STEVE 521 CHAF CHASON RD QUINCY, FL 32352		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	DP	
NAME	SKIPPER, STEVE	
STREET ADDRESS	521 CHAF CHASON RD	
CITY-ST-ZIP	QUINCY, FL 32351	
TITLE	DP	
NAME	SKIPPER, BRYANT JR.	
STREET ADDRESS	521 CHAF CHASON ROAD	
CITY-ST-ZIP	QUINCY, FL 32352	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: 		3/30/07 Date 850-668-6357 Daytime Phone #



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3698746	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

U00000692233
04/13/07-80045-008 150.00

**DO NOT WRITE
IN THIS SPACE**