

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000053160

1. Entity Name
K. P. FRAMING, INC.



Principal Place of Business
213 MT PLEASANT RD
NOKOMIS FL 34275

Mailing Address
213 MT. PLEASANT ROAD
NOKOMIS FL 34275



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

213 MT. PLEASANT RD 213 MT PLEASANT Rd
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State
Nokomis Florida

City & State
Nokomis FL

4. FEI Number 04-3662234

Applied For
Not Applicable

Zip Country
34275 SARASOTA

Zip Country
34275 SARASOTA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PUSKAS, KENNETH
213 MT. PLEASANT ROAD
NOKOMIS FL 34275

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 Kenneth P. Puskas 2/16/07
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, 2007 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 PUSKAS, KENNETH ☐ Delete
STREET ADDRESS 213 MT. PLEASANT ROAD
CITY-ST-ZIP NOKOMIS FL 34275

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS U000000540160
CITY-ST-ZIP 02/28/07-80053-020 158.75

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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: Kenneth P. Puskas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/07 941 4882547
Date Daytime Phone #