


316
**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT (AR)**

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90160 043 ***158.75

DOCUMENT # P02000053160

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



Principal Place of Business Mailing Address

**213 MT PLEASANT RD
 NOKOMIS FL 34275** **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.

NA **NA**

1st MOORE CR2E034 (10/07)

City & State City & State

NOKOMIS FL **NOKOMIS FL**

Zip Zip Country Country

34275 **34275** **FLORIDA** **FLORIDA**

4. FEI Number Applied For

04-3662234 ☐ Not Applicable

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

☒ ☐

6. Name and Address of Current Registered Agent

**PUSKAS, KENNETH
 213 MT. PLEASANT ROAD
 NOKOMIS FL 34275**

7. Name and Address of New Registered Agent

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 **NOT CHANGED** DATE

Kenneth Puskas **Kenneth Puskas** **4/13/08**

Signature, typed or printed name of registered agent and title, if applicable. NOTE: Registered Agent signature required when reappointing. Leg. Agent

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution: ☐

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUSKAS, KENNETH	NAME	
STREET ADDRESS	213 MT. PLEASANT ROAD	STREET ADDRESS	
CITY-ST-ZIP	NOKOMIS FL 34275	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **4/13/08** **941 468 3628**

Kenneth Puskas Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 941 365-0462