

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000093103

FILED
Apr 25, 2007
Secretary of State

Entity Name: AMERICAN FRAMING AND PRECAST, INC

Current Principal Place of Business:

3143 NE 14TH STREET
SUITE 101
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

3143 NE 14TH STREET
SUITE 101
OCALA, FL 34470

New Mailing Address:

FEI Number: 57-1185735 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CLAUSS, EMERSON J III
3413 NE 14TH STREET
SUITE 101
OCALA, FL 34470 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CLAUSS, EMERSON J III
Address: 3365 SE 1ST AVENUE
City-St-Zip: Ocala, FL 34471

Title: VP () Delete
Name: CLAUSS, SUSAN
Address: 3365 SE 1ST AVENUE
City-St-Zip: Ocala, FL 34471

Title: S () Delete
Name: CLAUSS, EMERSON J III
Address: 3365 SE 1ST AVENUE
City-St-Zip: Ocala, FL 34471

Title: T () Delete
Name: CLAUSS, EMERSON J III
Address: 3365 SE 1ST AVENUE
City-St-Zip: Ocala, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMERSON J. CLAUSS III

P

04/25/2007

Electronic Signature of Signing Officer or Director

_____ Date