

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90831 036 ***150.00

DOCUMENT # P03000110266 1. Entity Name STRAWSON FRAMING, INC.																																																																						
Principal Place of Business 5480 HAPPY HOLLOW ROAD PUNTA GORDA, FL 33982			Mailing Address 5480 HAPPY HOLLOW ROAD PUNTA GORDA, FL 33982																																																																			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																				
City & State Zip Country		City & State Zip Country		4. FEI Number 20-0253002 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>																																																																		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03022007 Chg-P CR2E034 (12/06)																																																																		
6. Name and Address of Current Registered Agent STRAWSON, THOMAS W JR 5480 HAPPY HOLLOW ROAD PUNTA GORDA, FL 33982			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 _____ (NOTE: Registered Agent signature required when reinstating) 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">Delete</td> </tr> <tr> <td></td> <td>DP STRAWSON, THOMAS W JR</td> <td>1000 ELM ST</td> <td>PUNTA GORDA, FL 33950</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>V STRAWSON, LISA</td> <td>5480 HAPPY HOLLOW ROAD</td> <td>PUNTA GORDA, FL 33982</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>S O'NEILL, THOMAS</td> <td>114 ARLINGTON CT</td> <td>PORT CHARLOTTE, FL 33952</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete		DP STRAWSON, THOMAS W JR	1000 ELM ST	PUNTA GORDA, FL 33950	<input type="checkbox"/>		V STRAWSON, LISA	5480 HAPPY HOLLOW ROAD	PUNTA GORDA, FL 33982	<input type="checkbox"/>		S O'NEILL, THOMAS	114 ARLINGTON CT	PORT CHARLOTTE, FL 33952	<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">Change Add</td> </tr> <tr> <td></td> <td>DP STRAWSON, Thomas W. Jr.</td> <td>5480 Happy Hollow Road</td> <td>Punta Gorda, FL 33950</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change Add		DP STRAWSON, Thomas W. Jr.	5480 Happy Hollow Road	Punta Gorda, FL 33950	<input checked="" type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/> <input type="checkbox"/>
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 4/20/07 Daytime Phone #: 941 5750565																																																																			