

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2007 8:00 am
Secretary of State

07-25-2007 90045 046 ***150.00

DOCUMENT # P03000125927

1. Entity Name
KIDDER FRAMING, INCORPORATED



2. Principal Place of Business
2604 EXCHANGE AVE
LAKELAND, FL 33801

3. Mailing Address
2604 EXCHANGE AVE
LAKELAND, FL 33801

2. Principal Place of Business - Suite, Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

06112007

Chg-P

CR2E034 (12/06)

4. FID Number

05-0589599

Applied For

Not Applicable

5. Additional Fee Required

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KIDDER, SHAYNE M
2604 EXCHANGE AVE
LAKELAND, FL 33801

7. Name and Address of New Registered Agent

Name

Street Address - Suite, Box Number or Post Office Box

City

FL

Zip Code

8. The above named entity submits the following information of change of registered agent. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

9. Election Campaign Fund
Trust Fund Contribution

☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|---------------------------------|
| NAME | P | <input type="checkbox"/> Delete |
| NAME | KIDDER, SHAYNE M | |
| STREET ADDRESS | 2604 EXCHANGE AVE | |
| CITY, ST, ZIP | LAKELAND, FL 33801 | |
| NAME | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |
| NAME | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |
| NAME | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |

11. ADDITIONAL OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY, ST, ZIP | |
| NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY, ST, ZIP | |
| NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY, ST, ZIP | |

12. I hereby certify that the information provided in this report is true and correct. I further certify that the information on this report is true and correct. I am an officer or director of the corporation and my name appears in Block 10 or Block 11 of this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 7/15/07

Telephone Phone #

ATTACHMENT

40127003

July 15, 2007

Florida Department of State
Division of Corporations
PO Box 8700
Tallahassee, FL 32314

RE: Kidder Framing, Incorporated
Notice of Intent to Dissolve Notice
Document No.: P03000125927

Enclosed please find a check in the amount of \$150.00 for the 2007 Annual Report for the above referenced corporation. I changed accountants at the end of 2006 and therefore I did not receive notice of the annual report nor did my prior accountant notify me of date and deadline for filing.

I am requesting the late fee be abated and I will make sure in the future that all filings are done in a timely manner.

Thank you in advance for your consideration in this matter.

Sincerely,
Shayne M. Kidder, President