


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # P03000138056

1. Entity Name
K&H FRAMING/VINYL SIDING, INC.



Principal Place of Business
**COLUMBIA SWUANNE, BAKER COUNTY, FL
 1534 SW DEKLE RD.
 LAKE CITY, FL 32024**

Mailing Address
**1534 SW DEKLE RD.
 LAKE CITY, FL 32024**

DO NOT WRITE IN THIS SPACE



02262008 No Chg-P CR2E034 (11/05)

4. FEI Number
55-0852505

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**KEEN, TSCHARNA N
 1534 SW DEKLE RD
 LAKE CITY, FL 32024**

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PDTS
NAME	KEEN, GLENN L
STREET ADDRESS	1534 SW DEKLE RD
CITY-ST-ZIP	LAKE CITY, FL 32024
TITLE	VD
NAME	KEEN, JOHN W
STREET ADDRESS	1534 SW DEKLE RD
CITY-ST-ZIP	LAKE CITY, FL 32024
TITLE	D
NAME	HOLIFIELD, TIMOTHY
STREET ADDRESS	1534 SW DEKLE RD.
CITY-ST-ZIP	LAKE CITY, FL 32024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/08/08-80007-017 150.00

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: Glenn L Keen 3/19/08 386 867-0156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #