## 2008 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Feb 12, 2008 08:00 AM Secretary of State DOCUMENT # P03000145911 1. Entity Name DONALD CALVERT FRAMING, INC. Principal Place of Business Mailing Address 1856 BAY GROVE ROAD 1856 BAY GROVE ROAD FREEPORT, FL 32439 FREEPORT, FL 32439 01082008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0651243 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent CALVERT, DONALD DO NOT WRITE 1856 BAY GROVE ROAD FREEPORT, FL 32439 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) 9. Election Campaign Financing \$5.00 May Be U00000825492 FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 02/21/08-80011-013 150.00 10. OFFICERS AND DIRECTORS CRAP TITLE CALVERT, DONALD NAME 1856 BAY GROVE ROAD STREET ADDRESS CITY-ST-ZIP FREEPORT, FL 32439 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADORESS

DO NOT WRITE IN THIS SPACE

12. Thereby 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 of the corporation or the receiver or trustee changed, or on an attachment with an add

SIGNATURE:

CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZiP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

80-6078