


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90043 001 ***550.00

DOCUMENT # P03000145954	
1. Entity Name CARL BUCHANAN FRAMING, INC.	

Principal Place of Business 11296 SE HWY 42 SUMMERFIELD, FL 34491	Mailing Address PO BOX 967 WEIRSDALE, FL 32195
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50024550



2. Principal Place of Business 3232 NE 135th St.	3. Mailing Address PO Box 321
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07312006 Chg-P CR2E034 (11/05)

City & State ANTHONY, FL.	City & State SPARR, FL.
Zip 32617	Zip 32192
Country MARION	Country MARION

4. FEI Number 59-3272680	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent BUCHANAN, CARL 11296 SE HWY 42 SUMMERFIELD, FL 34491	
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7. Name and Address of New Registered Agent Name BUCHANAN, CARL Street Address (P.O. Box Number is Not Acceptable) 3232 NE 135th St. City ANTHONY FL Zip Code 32617	
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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 *Carl Buchanan* DATE *8/1/06*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BUCHANAN, CARL 11296 SE HWY 42 SUMMERFIELD, FL 34491 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *CARL BUCHANAN* *Carl Buchanan* *8/1/06* *(652) 266-4944*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #