

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000150801

Entity Name: KEUKA FRAMING INC.

FILED  
Apr 17, 2008  
Secretary of State

## Current Principal Place of Business:

1111 COUSINTOWN RD.  
INTERLACHEN, FL 32148

## New Principal Place of Business:

327 KEUKA LAKE TRAIL  
INTERLACHEN, FL 32148

## Current Mailing Address:

1111 COUSINTOWN RD.  
INTERLACHEN, FL 32148

## New Mailing Address:

327 KEUKA LAKE TRAIL  
INTERLACHEN, FL 32148

FEI Number: 56-2424775

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

POWELL, WILLIAM R  
1111 COUSINTOWN RD.  
INTERLACHEN, FL 32148 US

## Name and Address of New Registered Agent:

POWELL, WILLIAM R  
327 KEUKA LAKE TRALE  
INTERLACHEN, FL 32148 US

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.

SIGNATURE: WILLIAM R. POWELL

04/17/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: POWELL, WILLIAM R  
Address: 1111 COUSINTOWN RD.  
City-St-Zip: INTERLACHEN, FL 32148

Title: S,T ( ) Delete  
Name: SITZ, KIM D  
Address: 152 CHARITY LANE  
City-St-Zip: INTERLACHEN, FL 32148

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: POWELL, WILLIAM R  
Address: 327 KEUKA LAKE TRAIL  
City-St-Zip: INTERLACHEN, FL 32148

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM R. POWELL

P

04/17/2008

Electronic Signature of Signing Officer or Director

Date