

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000156202

1. Entity Name
ADA FRAMING, INC.



Principal Place of Business
**304 NORTH BOUNDARY AVENUE
DELAND, FL 32720**

Mailing Address
**44943 10TH STREET
DELAND, FL 32720**



04262007 No Chg-P CR2E034 (11/05)

4. FEI Number
42-1610715

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DARMANJIAN, ANTHONY J
44943 10TH STREET
DELAND, FL 32720**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

**000000753780
05/22/07-80035-015 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DARMANJIAN, ANTHONY
STREET ADDRESS	44943 10TH STREET
CITY-ST-ZIP	DELAND, FL 32720
TITLE	T
NAME	DARMANJIAN, ANTHONY JR.
STREET ADDRESS	304 NORTH BOUNDARY AVENUE
CITY-ST-ZIP	DELAND, FL 32720
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Anthony Darmanjian *Anthony Darmanjian* **4/29/07** **386-451-2167**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #