


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 11, 2006 8:00 am
Secretary of State

08-11-2006 90003 040 ***150.00

DOCUMENT # P03000157578	
1. Entity Name GREG BASOM FRAMING, INC.	

Principal Place of Business 4858 US HWY 1792 W HAINES CITY FL 33844	Mailing Address 701 LAKEVIEW AVENUE DUNDEE FL 33838
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2. Principal Place of Business 4858 US HWY 1792 W Suite, Apt. #, etc.	3. Mailing Address 701 LAKEVIEW AVE. Suite, Apt. #, etc.
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2nd MOORE CR2E034 (4/06)

City & State Haines City FL	City & State Dundee FL	4. FEI Number 20-0601856	Applied For <input type="checkbox"/> Not Applicable
Zip 33844 Country USA	Zip 33838 Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BASOM, GREG 701 LAKEVIEW AVENUE DUNDEE FL 33838	7. Name and Address of New Registered Agent Name Greg Basom Street Address (P.O. Box Number is Not Acceptable) 701 Lakeview Ave City Dundee FL Zip Code 33838
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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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$550.00 DUE BY September 6, 2006 Make Check Payable to Florida Department of State	S.607.193(2)(b). F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	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	D BASOM, GREG 701 LAKEVIEW AVENUE DUNDEE FL 33838 <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 address, with all other like empowered.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** _____ **Date** _____ **Daytime Phone #** _____