2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Apr 13, 2006 8:00 am Secretary of State DOCUMENT # P04000003538 1. Entity Name 04-13-2006 90291 049 ***150.00 JOHN K CUMBIE FRAMING INC. Mailing Address Principal Place of Business 908 W. CHURCH STREET DELAND FL 32720 908 W. CHURCH STREET DELAND FL 32720 2. Principal Place of Business 3. Mailing Address 1757 N. Woodland Blod 1757 N. Woodland Rlud. uite. Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For 4. FEI Number 26-0077888 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired IJ.S. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Cumbie John CUMBIE, JOHN K 908 W. CHURCH STREET Street Address (P.O. Box Number is Not Acceptable) DELAND FL 32720 Zip Code 32720 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. the obligations of registered agent. SIGNATURE d life if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Delete TITLE ☐ Change Addition TITLE **PSTD** CUMBIE, JOHN K NAME NAME STREET ADDRESS STREET ADDRESS 908 W. CHURCH STREET CITY-ST-ZIP DELAND FL 32720 CITY-ST-7tP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

TITLE

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITI F NAME STREET ADDRESS

TITLE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John K Cumbié

☐ Delete

☐ Delete

386-8*04-7499*

☐ Change

Change

☐ Addition

☐ Addition