


**2007 FOR PROFIT CORPORATION -  
ANNUAL REPORT**

**FILED**

**Mar 15, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # P04000007823</b> 1. Entity Name <b>C &amp; K METAL FRAMING, INC</b>		
Principal Place of Business <b>P.O. BOX 781024 ORLANDO, FL 32878-1024</b>		Mailing Address <b>P.O. BOX 781024 ORLANDO, FL 32878-1024</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>PONTIUS, KIMBERLY 14025 CHERRY BUSH CT ORLANDO, FL 32828</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00</b>		4. FEI Number <b>16-1689502</b>
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PONTIUS, KIMBERLY 14025 CHERRY BUSH CT ORLANDO, FL 32828	
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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: <u>Kimberly Pontius</u> <b>Kimberly Pontius 3-12-07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> <b>407-275-9793</b>		



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