2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 12, 2006 8:00 am Secretary of State DOCUMENT # P04000007988 04-12-2006 90088 043 ***158.75 ROBINSON HALLFORD FRAMING, INC. Principal Place of Business Mailing Address 8100 BROOMES RD 8100 BROOMES RD CENTURY, FL 32535 CENTURY, FL 32535 US 02092006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number 20-0529059 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HALLFORD, ROBINSON C JR DO NOT WRITE 8100 BROOMES RD CENTURY, FL 32535 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 II applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME HALLFORD, ROBINSON C JR STREET ADDRESS 8100 BROOMES RD CITY-ST-ZIP CENTURY, FL 32535 TIRLE ST HALLFORD, CAROL L NAME STREET ADDRESS 8100 BROOMES RD CITY-ST-ZIP CENTURY, FL 32535 TENE HALLFORD, ROBINSON C III STREET ADDRESS 8100 BROOMES RD DO NOT WRITE (31Y-ST-73P CENTURY, FL 32535 TIDE IN THIS SPACE NALE STREET ADDRESS CITY-ST-ZIP TITALE STREET ADDRESS CITY-ST-78P TIME

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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.

NAME STREET ADDRESS CITY-ST-ZIP

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