

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 07, 2006 8:00 am**  
**Secretary of State**

08-07-2006 90042 046 \*\*\*150.00

**DOCUMENT # P04000016723**

1. Entity Name  
**K & C FRAMING & TRIMMING INC**



Principal Place of Business  
**5532 S JENNINGS RD  
HAINES CITY, FL 33844**

Mailing Address  
**5532 S JENNINGS RD  
HAINES CITY, FL 33844**

**00024430**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08022006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

**20-0658873**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MASSEY, KEITH E  
5532 S JENNINGS RD  
HAINES CITY, FL 33844**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE: **P** ☐ Delete  
NAME: **MASSEY, KEITH E**  
STREET ADDRESS: **5532 S JENNINGS RD**  
CITY-ST-ZIP: **HAINES CITY, FL 33844**

TITLE: **VP** ☐ Delete  
NAME: **MASSEY, CONNIE L**  
STREET ADDRESS: **5532 S JENNINGS RD**  
CITY-ST-ZIP: **HAINES CITY, FL 33844**

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **P** ☒ Change ☐ Addition  
NAME: **MASSEY, KEITH E**  
STREET ADDRESS: **5530 JENNINGS RD.**  
CITY-ST-ZIP: **HAINES CITY FL 33844**

TITLE: **VP** ☒ Change ☐ Addition  
NAME: **MASSEY, CONNIE L**  
STREET ADDRESS: **5530 JENNINGS RD**  
CITY-ST-ZIP: **HAINES CITY FL 33844**

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-4-06 (863)557-3245**  
Date Daytime Phone #