


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 15, 2008 8:00 am**  
**Secretary of State**

08-15-2008 90001 013 \*\*\*150.00

<b>DOCUMENT # P04000016723</b> 1. Entity Name <b>K &amp; C FRAMING &amp; TRIMMING INC</b>			
Principal Place of Business <b>5532 S JENNINGS RD HAINES CITY, FL 33844</b>		Mailing Address <b>5532 S JENNINGS RD HAINES CITY, FL 33844</b>	
2. Principal Place of Business - No P.O. Box # <b>5530 S Jennings Rd</b> Suite, Apt. #, etc.		3. Mailing Address <b>5530 S Jennings Rd</b> Suite, Apt. #, etc.	
City & State <b>Haines City FL</b> Zip Country <b>33844 USA</b>		City & State <b>Haines City FL</b> Zip Country <b>33844 USA</b>	
4. FEI Number <b>20-0658873</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		08022008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent <b>MASSEY, KEITH E 5530 S. JENNINGS RD. HAINES CITY, FL 33844</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u>Keith E. Massey</u> (NOTE: Registered Agent signature required when reinstating) DATE			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>MASSEY, KEITH E</b> <b>5530 JENNINGS RD.</b> <b>HAINES CITY, FL 33844</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>MASSEY, CONNIE L</b> <b>5530 JENNINGS RD.</b> <b>HAINES CITY, FL 33844</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Keith E. Massey</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		8-12-08 Date Daytime Phone #	