2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000027157

1. Entity Name
MIKE PENROD FRAMING INC.

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Principal Place of Business

5385 ALCOLA WAY S. ST. PETE., FL 33712 Mailing Address

5385 ALCOLA WAY S. ST. PETE., FL 33712

FILED May 01, 2006 8:00 am Secretary of State

05-01-2006 90453 010 ***150.00

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No Cha-P

CR2E034 (11/05)

4. FEI Number 59-3784371

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PENROD, MICHAEL 5385 ALCOLA WAY S. ST. PETE., FL 33712

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the p ions of registered agent.	urpose of changing its registers	ed office or r	egistered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title it	applicable. (NOTE: Registered	d Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	I		
TITLE	Р				
NAME	PENROD, MIKE				
STREET ADDRESS	5385 ALCOLA WAY S.				
CITY-ST-ZIP	ST. PETE., FL 33712				
TITLE	VP	-			
NAME	ROBINSON, KYLE J				
STREET ADDRESS	1870 CLEARBROOKE DR.				
CITY-ST-ZIP	CLEARWATER, FL 33770		I		
TITLE 1	DST				
NAME	PENROD, DONNA				
STREET ADDRESS	5385 ALCOLA WAY SOUTH			חת	NOT WRITE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712			DO	IIOI WILL
TITLE				IN T	THIS SPACE
NAME				•••	
STREET ADDRESS					
CITY-ST-ZIP			•		
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					j
TITLE					

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:

NAME STREET ADDRESS CITY-ST-ZIP

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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1. Entity Nam	DOCUMENT # P04000027157 1. Entity Name MIKE PENROD FRAMING INC.								ATTACHMENT					
Principal Plac	ace of Business Mailing Address									. 00	010			
5385 ALCOL St. Pete., Fi									60	1031	716			
ļ								477		ųr.				
2. Principal P	al Place of Business 3. Mailing Address										es ere			
Suite, Apt.	it. #, etc. Suite, Apt. #, etc.							01252006	Chg-P	CR2E	034 (11/05)			
City & Stat	ate City & State					,	4. FEI Numb			⊢	oplied For			
Zip	-	Country	7	Zip	Cour	itry			of Status Desired		\$8.75 Add	ditional		
	6. Name and Address of Current Registered Agent							7. Name and	d Address of New R	egistered				
PENROD.	MICHAEL	_				Name								
5385 ALCO ST. PETE.	OLA WAY	S.				Street A	ddress (P.O. Box Numb	er is Not Acceptable	e)				
	•					City					7:n Ood	_		
0.7				()	• • •					FL	·			
	named entitions of regist	y submits this statement it tered agent.	tor the p	urpose of changing it	s register	ea office o	r register	ed agent, or bo	oth, in the State of Fig	orida. I am	tamıllar with,	and accept		
SIGNATURE_	Signature, typed	or printed name of registered again	ni and title ii	applicable. (NO	TE: Registere	d Agent signat	re tedniced	I when reinstating)		DATE				
			I											
FIL After M	E NOW!!! ay 1, 200	FEE IŠ \$150.00 6 Fee will be \$550	.00	Election Campa Trust Fund Con	-			.00 May Be ed to Fees						
10.		OFFICERS ANI	D DIREC	TORS	11.			ADDITIONS	CHANGES TO OFF	ICERS AN	D DIRECTOR:	S IN 11		
TITLE	P	AAIIVE .		☐ Delete	TITL						☐ Change	☐ Addition		
NAME . STREET ADDRESS	PENROD, MIKE : NAM 5 5385 ALCOÚA WAY S. STR													
CITY-ST-ZIP	ST. PETE., FL 33712													
TITLÈ NAME	VP ☐ Delete TITE ROBINSON, KYLĘ J										☐ Change	Addition		
STREET ADDRESS	I													
CITY-ST-ZIP	CLEARWATER, FL 33770						ļ <u>.</u>				 			
TITLE NAME	DST PENROD	DONNA		☐ Delete	TITL NAM						☐ Change	☐ Addition		
STREET ADDRESS	1	OLA WAY SOUTH				EET ADDRESS								
CITY-ST-ZIP	SAINT PE	TERSBURG, FL 337	12		CITY	-ST-ZIP								
TITLE NAME				☐ Delete	TITL	E IC	2/11	d VP	E. STONE 921 1R9, F1 39	:	☐ Change	Addition		
STREET ADDRESS					1	EET ADDRESS	0.0	BOX 76	921					
CITY-ST-ZIP					CITY	-ST-ZIP	51.0	PETERSBU	1R9, F/ 39	74.9				
TITLE NAME				☐ Delete	TITL NAM	-			• •		☐ Change	Addition		
STREET ADDRESS						EET ADORESS								
CITY-ST-ZIP					CITY	-ST-ZIP								
TITLE	_			☐ Delete	TITL						☐ Change	Addition		
NAME STREET ADDRESS					NAM STRI	EET ADDRESS						!		
CITY-ST-ZIP '						-ST-ZIP								
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SIGNAT	URE:	Tike		Pensal	1	nike	PEN	ROD	4/1/02	73	27 251	6064		
		SIGNATURE AND TYPED OF	PRINTED	NAME OF SIGNING OFFICE					Date		Davtime Phone #			