


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90015 002 \*\*\*150.00

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
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**DO NOT WRITE IN THIS SPACE**

40108293



01242007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3784371	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PENROD, MIKE 5385 ALCOLA WAY S. ST. PETE., FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBINSON, KYLE J 1870 CLEARBROOKE DR. CLEARWATER, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PENROD, DONNA 5385 ALCOLA WAY SOUTH SAINT PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP STONE, CHARLES E P O BOX 76321 ST PETERSBURG, FL 33743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: Donna M. Penrod DONNA M. PENROD, DST 4/27/07 727-866-1547

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P04000027157**

1. Entity Name  
**MIKE PENROD FRAMING INC.**



**ATTACHMENT**

**40108299**

Principal Place of Business  
**5385 ALCOLA WAY S.  
ST. PETE., FL 33712**

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

**59-3784371**

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

7. Name and Address of New Registered Agent

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

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  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **PENROD, MIKE**  
STREET ADDRESS **5385 ALCOLA WAY S.**  
CITY-ST-ZIP **ST. PETE., FL 33712**

TITLE **VP** ☒ Delete  
NAME **ROBINSON, KYLE J**  
STREET ADDRESS **1870 CLEARBROOKE DR.**  
CITY-ST-ZIP **CLEARWATER, FL 33770**

TITLE **DST** ☐ Delete  
NAME **PENROD, DONNA**  
STREET ADDRESS **5385 ALCOLA WAY SOUTH**  
CITY-ST-ZIP **SAINT PETERSBURG, FL 33712**

TITLE **2VP** ☒ Delete  
NAME **STONE, CHARLES E**  
STREET ADDRESS **P O BOX 76321**  
CITY-ST-ZIP **ST PETERSBURG, FL 33743**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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:

*Donna M. Penrod* **DONNA M. PENROD, DST**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/27/07**

**727 8461547**