2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # P04000102562 1. Entity Name 02-06-2006 90076 028 ***158.75 R.W&W FRAMING, INC. Principal Place of Business Mailing Address 755 HARMON AVE PANAMA CITY FL 32401 755 HARMON AVE PANAMA CITY FL 32401 2. Principal Place of Business 3. Mailing Address 755 HAYMON AUE PRUBMOCIT SAMe Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number City & State Applied For ジェルマ 76-0763588 5 ame Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32501 459 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAFFIELD, RONALD R **755 HARMON AVE** Farmon avenue PANAMA CITY FL 32401 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. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE ☐ Change ☐ Addition TITLE RAFFIELD, RONALD R NAME NAME STREET ADDRESS 755 HARMON AVE STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32401 CITY-ST-ZIP Vice President Delete TITLE Addition James WILSON INACTIVE NAME WILSON, JAMES NAME 755 HAVMON AUG STREET ADDRESS 755 HARMON AVE STREET ADDRESS PartNer Panama City FC Secre Taris Alan Walton PANAMA CITY FL 32401 CITY - ST - ZIP CITY-ST-ZIP TITLE ____.Dalote TITLE. Addition-ST NAME NAME WALTON, ALAN HAY MON AVE STREET ADDRESS STREET ADDRESS 755 HARMON AVE CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32401 ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED

Feb 06, 2006 8:00 am