

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90034 004 \*\*\*150.00

<b>DOCUMENT # P04000143833</b> 1. Entity Name JCH STRAIGHT-UP FRAMING, INC.					
Principal Place of Business 7930 NE 128TH LANE BRONSON, FL 32621			Mailing Address PO BOX 412 BRONSON, FL 32621		
2. Principal Place of Business 641 DAVIS STREET Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State BRONSON FL Zip 32621			City & State Zip Country USA		
4. FEI Number 20-1773056			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent  HARRIS, JOHN C JR 7930 NE 128TH LANE BRONSON, FL 32621			7. Name and Address of New Registered Agent Name HARRIS, JOHN C JR Street Address (P.O. Box Number is Not Acceptable) 641 DAVIS STREET City BRONSON FL Zip Code 32621		
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:  DATE: 2/7/06 <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
<b>FILE NOW!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, JOHN C JR PO BOX 412 BRONSON, FL 32621	<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	<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	<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	<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:					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					