

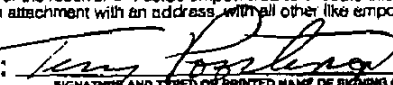
FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90097 046 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

40101029



DOCUMENT # P04000157455					
1. Entity Name T & A FRAMING, INC					
Principal Place of Business 460 COUNTY ROAD 210 OXFORD, FL 34484			Mailing Address 460 COUNTY ROAD 210 OXFORD, FL 34484		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1861857	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POORTENGA, ANTOINETTE 460 COUNTY ROAD 210 OXFORD, FL 34484				7. Name and Address of New Registered Agent	
				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 state if applicable. (NOTE: Registered Agent signature required when retreating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POORTENGA, TERRY A 460 COUNTY ROAD 210 OXFORD, FL 34484	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Williams, Sean 460 County Road 210 Oxford FL 34484	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POORTENGA, ANTOINETTE 460 COUNTY ROAD 210 OXFORD, FL 34484	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 (I changed, or on an attachment with an address, with all other like empowered.					
* SIGNATURE: 			4-30-07 352-516-0505		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		