## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 28, 2006 8:00 am Secretary of State 03-14-2006 90015 023 \*\*\*150.00

1. Entity Name M AND S FRAMING CONTRACTORS, INC.											
Principal Place of Business				Mailing Address			1		000	o m a d t	•
2043 TRADE CENTER WAY NAPLES, FL 34109			2043 TRADE CENTER WAY NAPLES, FL 34109			) ************************************	iq 82151 8ikil 8201 2216 i		07376		
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. *, etc.			Suite, Apt. #, etc.				01272006	Chg-P	CR2E	034 (11/05)	
City & State			City & State				4. FEI Numb	"aN-87	4	<del></del>	plied For Applicable
Zip	Country			Zip	try	5. Certificati	e of Status Desired		\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent -						Name	7. Name en	d Address of New	Registered	Agent	- :
SPERDUTO, GUY D						Street Address (P.O. Box Number is Not Acceptable)					
8982 TAFT ST PEMBROKE PINES, FL 33024						Street Address	(P.O. Box Numb	per is Not Accepta	ble)	<del></del>	
					City				Zip Code		
f The above	named entit	by culturate this statement to	r the r	vitoose of changing its	ranistas	·	arad upont or b	oth in the Cinter of	FL	- 1	
<ol> <li>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.</li> </ol>											
SIGNATURE											
FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.											
10.	OFFICERS AND DIRECTORS				11.		ADDITIONS	/CHANGES TO O	FFICERS AN	D DIRECTOR	S IN 11
TITLE NAME	DPS BROCIO	US, SCOTT		Delete TITLE						☐ Change	Addition
STREET ADDRESS	ESS 2043 TRADE CENTER WAY			STRE		ET ADDRESS					
CITY-ST-ZIP	NAPLES, FL 34109			☐ Detere	TITLE	-ST-ZIP				☐ Change	☐ Addition
NAUE		L Delat								☐ cusuge	☐ Vogagon
STREET ADDRESS CITY-ST-ZIP						ET ADORESS -SI-ZIP					
MLE	☐ Delete T					,				☐ Change	Addition
HAME STREET ADDRESS					STRE	ET ADORESS					
CITY - ST - ZIP						-ST-20P					
TITLE NAME				Delete	TITLE					Change	Addition
SIREET ADDRESS CHY-S1- <i>B</i> P						ET KODRESS					ļ
TITLE				☐ Octobe	IIITE	· 51-AP			<del></del>	☐ Change	Addition
HAME					KAN	•					
STREET ADDRESS CITY-ST-ZIP	•					ET ADORESS -SI-ZIP					
TITLE				Ociete	TITLE					☐ Change	☐ Addition
HAME STREET ADDRESS	, r				nam: Stre	E Et adoress					
CITY-SI-ZIF	•					- ST-ZIP					<u> </u>
12. I hereby certify that the information supplied with this filling 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 path, that I am an officer or director of the corporation or the receivable 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: Malther Present 0/9/06 29/597:30%											

SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR



ATTACHMENT

## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 16, 2006

M AND S FRAMING CONTRACTORS, INC. 2043 TRADE CENTER WAY NAPLES, FL 34109 KE 21 2006

Subject: M AND S FRAMING CONTRACTORS, INC.

Reference Number/

P05000000840

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH ANNUAL REPORTS SECTION