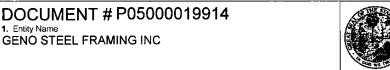
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## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**



GENÓ STEEL FRAMING INC VAAA. Principal Place of Business Mailing Address **562 ALPINE RIDGE 562 ALPINE RIDGE** DAVENPORT, FL 33897 DAVENPORT, FL 33897 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02132006 CR2E034 (11/05) Applied For City & State City & State 4. FEI Number 20-2304254 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOHNSTONE, EUGENE Street Address (P.O. Box Number is Not Acceptable) **562 ALPINE RIDGE** DAVENPORT, FL 33897 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 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition JOHNSTONE, EUGENE NAME NAME 562 ALPINE RIDGE STREET ADDRESS STREET ADDRESS DAVENPORT, FL 33897 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE ☐ Addition NAME MILLER, RONALD C NAME 562 ALPINE RIDGE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAVENPORT, FL. 33897 CITY-ST-ZIF Change D Delete TITLE Addition BEAN, KEITH A NAME NAME STREET ADDRESS 562 ALPINE RIDGE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DAVENPORT, FL 33897 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

4-7-06 863-852-9159

**FILED** 

Apr 14, 2006 8:00 am Secretary of State

04-14-2006 90142 044 \*\*\*150.00