


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90140 041 ***150.00

DOCUMENT # P05000040864 1. Entity Name KERCE FRAMING CORPORATION			
Principal Place of Business 128 PINE TERR INTERLACHEN, FL 32148		Mailing Address 128 PINE TERR INTERLACHEN, FL 32148	
2. Principal Place of Business No P.O. Box 135 Sand Lk. Rd.		3. Mailing Address P.O. Box 943	
Suite, Apt. #, etc. Interlachen, FL		Suite, Apt. #, etc. Interlachen, FL	
City & State Interlachen, FL		City & State Interlachen, FL	
Zip 32148		Zip 32148	
Country FL		Country FL	
4. FEI Number 56-2503273		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 KERCE, ALICIA 128 PINE TERR INTERLACHEN, FL 32148		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 135 Sand Lake Rd. City Interlachen, FL Zip Code 32148	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P KERCE, ALICIA 128 PINE TERR INTERLACHEN, FL 32148 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 135 Sand Lake Rd. Interlachen, FL 32148
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KERCE, JOHN JR 128 PINE TERR INTERLACHEN, FL 32148 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 135 Sand Lake Rd. Interlachen, FL 32148
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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: <u><i>Alicia Kerce</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>3-26-07</u> (386) 684-0893 <small>Usatime Phone #</small>	

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