

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90096 036 \*\*\*158.75

DOCUMENT # P05000083412

1. Entity Name

KEVIN MCPHEARSON FRAMING, INC.



Principal Place of Business

170 SW DYNASTY GLEN  
LAKE CITY FL 32024

Mailing Address

170 SW DYNASTY GLEN  
LAKE CITY FL 32024

2. Principal Place of Business

170 SW Dynasty Glen

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lake City FL

Zip

32024

Country

Columbia

City & State

Zip

Country

4. FEI Number

20-2985578

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

MCPHEARSON, CINNAMON  
170 SW DYNASTY GLEN  
LAKE CITY FL 32024

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

Cinnamon McPhearson Vice President

1-16-06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME MCPHEARSON, KEVIN  
STREET ADDRESS 170 SW DYNASTY GLEN  
CITY-ST-ZIP LAKE CITY FL 32024 ☐ Delete

TITLE V  
NAME MCPHEARSON, CINNAMON  
STREET ADDRESS 170 SW DYNASTY GLEN  
CITY-ST-ZIP LAKE CITY FL 32024 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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 Section 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: Cinnamon McPhearson Cinnamon McPhearson 1-16-06 (386) 623-6237

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #