

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000083412

FILED  
Mar 05, 2007  
Secretary of State

Entity Name: KEVIN MCPHEARSON FRAMING, INC.

## Current Principal Place of Business:

170 SW DYNASTY GLEN  
LAKE CITY, FL 32024

## New Principal Place of Business:

4629 N US HWY129  
BELL, FL 32619

## Current Mailing Address:

170 SW DYNASTY GLEN  
LAKE CITY, FL 32024

## New Mailing Address:

4629 N US HWY129  
BELL, FL 32619

FEI Number: 20-2985578

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MCPHEARSON, CINNAMON  
170 SW DYNASTY GLEN  
LAKE CITY, FL 32024 US

## Name and Address of New Registered Agent:

MCPHEARSON, CINNAMON  
4629 N US HWY129  
BELL, FL 32619 US

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.

SIGNATURE: CINNAMON MCPHEARSON

03/05/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MCPHEARSON, KEVIN  
Address: 170 SW DYNASTY GLEN  
City-St-Zip: LAKE CITY, FL 32024

Title: V ( ) Delete  
Name: MCPHEARSON, CINNAMON  
Address: 170 SW DYNASTY GLEN  
City-St-Zip: LAKE CITY, FL 32024

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MCPHEARSON, KEVIN  
Address: 4629 N US HWY 129  
City-St-Zip: BELL, FL 32619

Title: V (X) Change ( ) Addition  
Name: MCPHEARSON, CINNAMON R  
Address: 4629 N US HWY 129  
City-St-Zip: BELL, FL 32619

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN MCPHEARSON

P

03/05/2007

Electronic Signature of Signing Officer or Director

Date