

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000126415

FILED  
Sep 06, 2006  
Secretary of State

Entity Name: MID FLORIDA WEST COAST FRAMING, INC.

## Current Principal Place of Business:

1800 CANDLESTICK COURT  
LUTZ, FL 33559 US

## New Principal Place of Business:

6118 LA PINE ROAD  
BROOKSVILLE, FL 34602 US

## Current Mailing Address:

1800 CANDLESTICK COURT  
LUTZ, FL 33559 US

## New Mailing Address:

6118 LA PINE ROAD  
BROOKSVILLE, FL 34602 US

FEI Number: 20-3403419

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HAGEDORN, KIMBERLY K  
1800 CANDLESTICK COURT  
LUTZ, FL 33559 US

## Name and Address of New Registered Agent:

HAGEDORN, KIMBERLY K  
4051 COMPANERO ENTRA  
HERNANDO BEACH, FL 34607 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: KIMBERLY K HAGEDORN

09/06/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MCALISTER, TODD A  
Address: 1800 CANDLESTICK COURT  
City-St-Zip: LUTZ, FL 33559 US

Title: VP ( ) Delete  
Name: HAGEDORN, KIMBERLY K  
Address: 1800 CANDLESTICK COURT  
City-St-Zip: LUTZ, FL 33559 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P ( ) Change (X) Addition  
Name: MCALISTER, KNUTE M  
Address: 6118 LA PINE ROAD  
City-St-Zip: BROOKSVILLE, FL 34602 US

Title: T ( ) Change (X) Addition  
Name: MCALISTER, CAROLYN  
Address: 6118 LA PINE ROAD  
City-St-Zip: BROOKSVILLE, FL 34602

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: KIMBERLY K HAGEDORN

VP

09/06/2006

Electronic Signature of Signing Officer or Director

Date