

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90391 008 ***150.00

DOCUMENT # P05000136637

1. Entity Name
FLORIDA FRAMING & TRIM INC.



Principal Place of Business
**2629 LIZ LANE
KISSIMMEE, FL 34744**

Mailing Address
**2629 LIZ LANE
KISSIMMEE, FL 34744**

2. Principal Place of Business - No P.O. Box #
529 Hummingbird Ct

3. Mailing Address
529 Hummingbird Ct

Suite, Apt. #, etc.

City & State
Kissimmee FL

City & State
Kissimmee FL

Zip
34759

Country



04152007 Chg-P CR2E034 (12/06)

4. FEI Number
81-0680644

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SHEARER, STEVEN
2629 LIZ LANE
KISSIMMEE, FL 34744

(C) Change of Address
(above)

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 *Steven Shearer* **4/19/2007**

(NOTE: Registered Agent signature required when changing agent)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **\$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	PD SHEARER, STEVEN 2629 LIZ LANE KISSIMMEE, FL 34744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Steven Shearer 529 Hummingbird Ct Kissimmee FL 34759 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SHEARER, SUZANNE 2629 LIZ LANE KISSIMMEE, FL 34744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Suzanne Shearer 529 Hummingbird Ct Kissimmee FL 34759 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Steven Shearer* **4/19/07** **Home 863-439-8373**
Date Daytime Phone