2006 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2006 08:00 AN Secretary of State

ANNUAL REPORT	
DOCUMENT # P95000036588	
Entity Name ADVANCED CONSTRUCTION & FRAMING, INC.	

Principal Place of Business

188 OLD HARD ROAD ORANGE PARK, FL 32073-5438 Mailing Address

188 OLD HARD ROAD ORANGE PARK, FL 32073-5438



DO NOT WRITE IN THIS SPACE

04172006	No Chg-P	CR2E034 (11/05)		
4. FEi Numbe	<u></u>		Applied For	
59-3313769			Not Applicabl	

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCKINZIE, FRANKLIN M 188 OLD HARD ROAD ORANGE PARK, FL 32073-5438

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	named entity submits this statement for the poons of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable (NOTE Registered	Agent signaturi	required when retristating)	DATE
	E NOW!!! FEE IS \$150,00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finan- Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000519844 05/02/06-00070-017-150.00
10.	OFFICERS AND DIREC	TORS			<u> </u>
TITLE NAME STREET ADDRESS CITY -S1 - ZIP	D MCKINZIE, FRANKLIN M 188 OLD HARD ROAD ORANGE PARK, FL 320735438				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S				
THE NAME STREET ADDRESS CITY STEAP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
DILE NAME STREET ADDRESS CITY - ST. ZIP					
12. I hereby o	certify that the information supplied with this fi	ling does not qualify for the exe	mptions co	ntained in Chapter 11	9, Florida Statutes I further certify that the information oct as if made under oath, that I am an officer or director

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under cath, 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 expowered.

SIGNATURE:

SIGNATURE AND TYPED OR FRINTED NAMED ASSISTING OFFICER OR DIRECTO

4-17-06 (904) 993-8406

FRANK MUKINZIE