

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000055837

Entity Name: COLSON FRAMING, INC.

FILED
Apr 22, 2005
Secretary of State

Current Principal Place of Business:

P.O. BOX 2769
HOMOSASSA, FL 34447

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2769
HOMOSASSA, FL 34447

New Mailing Address:

FEI Number: 59-3335631

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLSON, TROY
7188 W COTTAGE LANE
CRYSTAL RIVER, FL 34429 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COLSON, TROY D
Address: 7188 W COTTAGE LANE
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: V (X) Delete
Name: FENDER, ROY
Address: 140 LCR 322
City-St-Zip: INGLISS, FL 34449

Title: VP (X) Delete
Name: HOEFILER, GEORGE
Address: 886 ROOKS AVE
City-St-Zip: INVERNESS, FL 34453

Title: S () Delete
Name: COLSON, TRACY L
Address: 8153 W JUSTIN LANE
City-St-Zip: CRYSTAL RIVER, FL 34428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TROY D. COLSON

PRES

04/22/2005

Electronic Signature of Signing Officer or Director

Date