2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

FILED DOCUMENT # P95000056817 Apr 24, 2006 08:00 AN Secretary of State 1. Entity Name A & S FRAMING, INC. Principal Place of Business Mailing Address 6640 NATHAN CT WESLEY CHAPEL FL 33544 6640 NATHAN COURT WESLEY CHAPEL FL 33544 200 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Sulte, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3328243 Not Applicable Zip Country Ζιp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PETO, ANDREW FRANK Street Address (P.O. Box Number is Not Acceptable) 6640 NATHAN COURT WESLEY CHAPEL FL 33544 City Zip Code amed 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 of registered agant SIGNATL ne of redistered agent and tille it applicable (NOTE: Registered Agent signature required when rehistaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May B After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THUE ☐ Delete TITLE Change Addition NAME PETO, ANDREW FRANK MAME STREET ADDRESS 6640 NATHAN COURT STREET ADDRESS CITY-ST-ZIP WESLEY CHAPEL FL 33544 CITY - ST - ZIP ۷D ☐ Delete TITLE Change | TITLE □ Addiii NAME PETO, BRENDA SUE MAME STREET ADDRESS 6640 NATHAN COURT STREET ADDRESS CITY-ST-ZIP WESLEY CHAPEL FL 33544 CITY - ST - 7/P щц Delete U00000525986 □ Change □ Adc. NAME WEBSTER, JONATHAN NAME 05/04/06-80056-011 150.00 STREET ADDRESS STREET ADDRESS. 6640 NATHAN CT CITY-ST-ZIP CHTY - ST - ZIP WESLEY CHAPEL FL 33544 TITLE ☐ Delete TITLE ☐ Adding Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP THE ☐ Delete TITLE ☐ Change Aric NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Delete MLF ☐ Change Air NAME MAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 it made under oath; that I am an officer or directly of the corporation of 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: hment with an add with all other like empowered if changed, or on a

Daytime Phone #

Date

AGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR