

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000014506

Entity Name: FROMME CARPENTRY, INC.

FILED
Jul 03, 2006
Secretary of State

Current Principal Place of Business:

625 OMAHA STREET
1
PALM HARBOR, FL 34683

New Principal Place of Business:

PO BOX 2399
PALM HARBOR, FL 346822399

Current Mailing Address:

POST OFFICE BOX 2399
PALM HARBOR, FL 346822399

New Mailing Address:

FEI Number: 59-3493991 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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: PTD () Delete
Name: FROMME, JOHN M JR.
Address: PO BOX 2399
City-St-Zip: PALM HARBOR, FL 34682

Title: VSD () Delete
Name: FROMME, NATALIE R
Address: PO BOX 2299
City-St-Zip: PALM HARBOR, FL 34682

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: NATALIE FROMME

VP

07/03/2006

Electronic Signature of Signing Officer or Director

Date