## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P98000032560

1. Entity Name

DOUG PUTERBAUGH FRAMING INC.



**FILED** Jan 31, 2008 08:00 AN Secretary of State

Principal Place of Business

8702 E. AQUARIUS DR. INVERNESS, FL 34450 Mailing Address

8702 E. AQUARIUS DR. INVERNESS, FL 34450



DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) 01182008 Applied For 4. FEI Number 59-3503959 Not Applicable

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

6. Name and Address of Current Registered Agent

PUTERBAUGH, DOUG 8702 E. AQUARIUS DR. INVERNESS, FL 34450

## DO NOT WRITE IN THIS SPACE

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	Signature, typed or printed name of registered agent and title	if applicable (NOTE, Registered	Agent signature required when reinstating)	DATE	
FILE NOWI!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.			scing \$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS ·	1		
THILE !	PD with the Lower Chapter of the	1200 221 12	ا المحد المركز	and the second of the second o	
NAME	PUTERBAUGH, DOUG	and the same and the same street and	مهرين وتوسيد	ing the second section of the second of the second section is a second section of the second section s	
STREET ADDRESS	8702 E. AQUARIUS DR.				
CIJY:ST-ZIP	INVERNESS, FL 34450		• ;	UU0000908493 02702700 00044 000 450 00	
ŤÍŤĹÊ				02/06/08-80044-022 150.00	
NAME 21-54				,	
STREET ADDRESS					
CITY:ST-ZIP				· · · ·	
TITLE					
NAME					
STREET ADDRESS			DO.	NOT WRITE	
CITY-ST-ZIP			טט	NOI WRITE	
TITLE			INI '	THIS SPACE	
NAME			114	TING SPACE	
STREET ADDRESS					
CITY-ST-ZIP					
TIŢLE					
NAME					
STREET ADDRESS				,	
CITYEST-ZIP					
TITLE			1	· · · · · · · · · · · · · · · · · · ·	
NAME:	将《墨阿维亚东亚、"精神等	·		• ,	
STREET ADDRESS	#702 E, AGUATETS OR.			• ,	
CITY-ST-ZIP	FORMEREAU HUNCUE			•	
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes, Litural requiries 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 trustage in powered 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 appears with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUGPUTERBANGI