## **2006 FOR PROFIT CORPORATION** ANNUAL REPORT

## Apr 17, 2006 8:00 am Secretary of State **DOCUMENT # P98000050733** 04-17-2006 90370 047 \*\*\*150.00 PRECISION FRAMING OF POLK COUNTY, INC. Mailing Address Principal Place of Business 400000000 5390 SR 33 North 5390 SR 33 North LAKELAND, FL 33805 LAKELAND, FL 33805 CR2E034 (11/05) 04112006 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3518962 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TYLER, DONNIE L DO NOT WRITE 5390 SR 33' North LAKELAND, FL 33805 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. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE TYLER, DONNIE L NAME STREET ADDRESS 5390 SR 33 CITY-ST-ZIP LAKELAND, FL 33805 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED