2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2005
Secretary of State

DOCUMENT# N99000002096

Entity Name: WELL DONE SERVANT INC.

Current Principal Place of Business:

3638 MANOR OAKS DRIVE
JACKSONVILLE, FL 32277

New Principal Place of Business:

Current Mailing Address:

3638 MANOR OAKS DRIVE
JACKSONVILLE, FL 32277

New Mailing Address:

FEI Number: 59-3640567 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GOSNELL, WELDON H
3638 MANOR OAKS DRIVE
JACKSONVILLE, FL 32277 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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GOSNELL, WELDON H
Address: 3638 MANOR OAKS DR
City-St-Zip: JACKSONVILLE, FL 32277

Title: ST ( ) Delete
Name: GOSNELL, BETTY
Address: 3638 MANOR OAKS DR
City-St-Zip: JACKSONVILLE, FL 32277

Title: D ( ) Delete
Name: GOSNELL, CRAIG W
Address: 3638 MANOR OAKS DR
City-St-Zip: JACKSONVILLE, FL 32277

Title: D ( ) Delete
Name: GOSNELL, MARK
Address: 416 BOTTESFORD DR
City-St-Zip: KENNESAW, GA 30144

Title: D ( ) Delete
Name: GOSNELL, STEPHEN
Address: 5365 COUNTRY LANE
City-St-Zip: MERRITT ISLAND, FL 32953

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:

Title: D (X) Change ( ) Addition
Name: GOSNELL, STEPHEN
Address: 5340 SHADWELL AVENUE
City-St-Zip: COCOA, FL 32926

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WELDON H GOSNELL PRES 06/08/2005
Electronic Signature of Signing Officer or Director — Date