

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000013150

FILED  
Mar 29, 2006  
Secretary of State

Entity Name: LESTER MATHES FRAMING & DECKING INC.

## Current Principal Place of Business:

122 HIGHLAND DR  
DELTONA, FL 32738 US

## New Principal Place of Business:

## Current Mailing Address:

122 HIGHLAND DR  
DELTONA, FL 32738 US

## New Mailing Address:

P.O. BOX 391583  
DELTONA, FL 32739 US

FEI Number: 06-1679288

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MATHES, LESTER  
122 HIGHLAND DR  
DELTONA, FL 32738 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: PT ( ) Delete  
Name: MATHES, LESTER  
Address: P. O. BOX 391583  
City-St-Zip: DELTONA, FL 32739

Title: VP ( ) Delete  
Name: BARNETT, TIMOTHY A  
Address: P.O. BOX 391583  
City-St-Zip: DELTONA, FL 32739 US

Title: S ( ) Delete  
Name: GARRISON, WILLIAM J  
Address: 122 HIGHLAND DR  
City-St-Zip: DELTONA, FL 32738 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition  
Name: MATHES, LESTER  
Address: P. O. BOX 391583  
City-St-Zip: DELTONA, FL 32739 US

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: LESTER MATHES

PT

03/29/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date