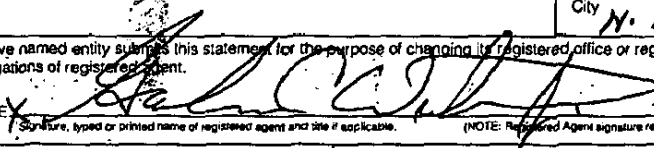
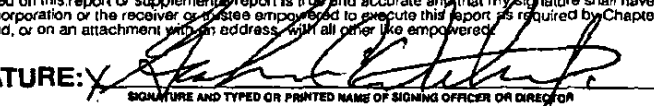


FILED
May 10, 2004 8:00 am
Secretary of State

04-19-2004 90307 012 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000019107			
1. Entity Name WEBSTER'S FRAMING, INC.			
Principal Place of Business 35 BLAIR ST. FORT MYERS, FL 33903		Mailing Address 35 BLAIR ST. FORT MYERS, FL 33903	
2. Principal Place of Business 9761 Councilor Lane		3. Mailing Address 9761 Councilor Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State N. Ft. Myers FL		City & State N. Ft. Myers FL	
Zip 33917		Zip 33917	
Country Lee		Country Lee	
4. FEI Number 75-3101466		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		01282004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent WEBSTER, GRAHAM C JR 35 BLAIR ST. FORT MYERS, FL 33903.		7. Name and Address of New Registered Agent Name Graham C. Webster Jr. Street Address (P.O. Box Number is Not Acceptable) 9761 Councilor Lane City N. Ft. Myers FL Zip Code 33917	
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:  DATE: 4-12-04 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST WEBSTER, GRAHAM C JR 35 BLAIR ST. FORT MYERS, FL 33903 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9761 Councilor Lane N. Ft. Myers, FL 33917 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEBSTER, BETH A 35 BLAIR ST. FORT MYERS, FL 33903 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9761 Councilor Lane N. Ft. Myers, FL 33917 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: 4-12-04 239-656-0755 Daytime Phone #	