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May 10, 2004 8:00 am
Secretary of State

04-19-2004 90307 012 ***150.00

[redacted]

01282004 Chg-P CR2E034 (10/03)

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000019107

1. Entity Name
WEBSTER'S FRAMING, INC.

Principal Place of Business	Mailing Address
35 BLAIR ST. FORT MYERS, FL 33903	35 BLAIR ST. FORT MYERS, FL 33903

2. Principal Place of Business	3. Mailing Address
9761 Councilor Ln	9761 Councilor Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N. Ft. Myers Fl	City & State: N. Ft. Myers Fl
Zip: 33917 Country: Lee	Zip: 33917 Country: Lee

4. FEI Number: 75-3101466 ☐ Applied For ☐ Not Applicable

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

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 X [signature] (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) X 4-12-04 DATE

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: X [signature] (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) X 4-12-04 (Date) 239-656-0755 (Daytime Phone #)