

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90990 005 ***158.75

DOCUMENT # P03000115606

1. Entity Name

MATT WELLMAN FRAMING, INCORPORATED



Principal Place of Business

**1941 HEDGEROW CIRCLE
OCOE FL 34761**

Mailing Address

**1941 HEDGEROW CIRCLE
OCOE FL 34761**

94067446

2. Principal Place of Business

1941 Hedgerow Circle
Suite, Apt. #, etc.

3. Mailing Address

1941 Hedgerow Cl.
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Ocoee Florida
Zip

City & State

Ocoee Florida
Zip

4. FEI Number

86-1085783

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WELLMAN, MATTHEW T
1941 HEDGEROW CIRCLE
OCOE FL 34761**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Matthew T. Wellman
Signature, typed or printed name of registered agent and title if applicable.

President / P.A. Matthew T. Wellman 4-12-04
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **WELLMAN, CHRISTINA L G**
CITY-ST-ZIP **1941 HEDGEROW CIRCLE
OCOE FL 34761**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **WELLMAN, MATTHEW R**
CITY-ST-ZIP **1941 HEDGEROW CIRCLE
OCOE FL 34761**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Matthew T. Wellman

Matthew T. Wellman (President)

4-12-04

4076549607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #