


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000115606 1. Entity Name MATT WELLMAN FRAMING, INCORPORATED	
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Principal Place of Business 1941 HEDGEROW CIRCLE OCOEE, FL 34761	Mailing Address 1941 HEDGEROW CIRCLE OCOEE, FL 34761
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DO NOT WRITE IN THIS SPACE



04152005 No Chg-P CR2E034 (10/03)

4. FEI Number 86-1085783	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WELLMAN, MATTHEW T 1941 HEDGEROW CIRCLE OCOEE, FL 34761

**DO NOT WRITE
IN THIS SPACE**

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: <u><i>Matthew T. Wellman</i></u> <u>President R.A.</u> <u>Matthew T. Wellman</u> <u>4-15-05</u> <small>Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when re-appointing) DATE</small>
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**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**U000000319138
04/20/05-80087-014 158.75**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WELLMAN, CHRISTINA L G 1941 HEDGEROW CIRCLE OCOEE, FL 34761
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WELLMAN, MATTHEW R 1941 HEDGEROW CIRCLE OCOEE, FL 34761
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: <u><i>Matthew T. Wellman</i></u> <u>Matthew T. Wellman (R.A.)</u> <u>4-15-05</u> <u>4076549607</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #</small>
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