

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



Principal Place of Business
 1941 HEDGEROW CIRCLE
 OCOEE, FL 34761

Mailing Address
 1941 HEDGEROW CIRCLE
 OCOEE, FL 34761

DO NOT WRITE IN THIS SPACE



04152005 No Chg-P CR2E034 (10/03)

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
 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: Matthew T. Wellman President R.A. Matthew T. Wellman 4-15-05
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-appointing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

000000319138
 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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: Matthew T. Wellman Matthew T. Wellman (R.A.) 4-15-05 4076549607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #