

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2006 8:00 am
Secretary of State

06-02-2006 90005 002 ***158.75

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		
2. Principal Place of Business 30748 APRICOT AVE. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 30748 APRICOT AVE. <small>Suite, Apt. #, etc.</small>			
City & State Eustis Florida <small>Zip Country</small> 32736 USA		City & State Eustis Florida <small>Zip Country</small> 32736 USA		4. FEI Number 86-1085783	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WELLMAN, MATTHEW T 1941 HEDGEROW CIRCLE OCOEE, FL 34761			7. Name and Address of New Registered Agent Name: <u>CHRISTINA L.G. WELLMAN</u> Street Address (R.O. Box Number is Not Acceptable): <u>30748 APRICOT AVE.</u> City: <u>Eustis</u> <u>FL</u> <u>32736</u>		
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>Christina L.G. Wellman</u> 5-30-2006 <small>(Signature, typed or printed name of registered agent and filer, if applicable) (Typed or printed name of registered agent and filer, if applicable) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	D <input type="checkbox"/> Delete WELLMAN, CHRISTINA L G 1941 HEDGEROW CIRCLE OCOEE, FL 34761	TITLE NAME STREET ADDRESS CITY ST ZIP	D/V/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Wellman, Christina L.G. 30748 APRICOT AVE. Eustis Florida 32736		
TITLE NAME STREET ADDRESS CITY ST ZIP	D <input type="checkbox"/> Delete WELLMAN, MATTHEW R 1941 HEDGEROW CIRCLE OCOEE, FL 34761	TITLE NAME STREET ADDRESS CITY ST ZIP	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WELLMAN, MATTHEW T. 30748 APRICOT AVE. Eustis FLORIDA 32736		
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 a "other I like empowered.					
SIGNATURE: <u>Christina L.G. Wellman</u> 5-30-2006 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
DAYTIME ph. # <u>3525894817</u>					