

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90161 005 ***158.75

DOCUMENT # P03000115606	
1. Entity Name MATT WELLMAN FRAMING, INCORPORATED	

Principal Place of Business 30748 APRICOT AVE EUSTIS, FL 32736	Mailing Address 30748 APRICOT AVE EUSTIS, FL 32736
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2. Principal Place of Business No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent	
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WELLMAN, CHRISTINA L.G. 30748 APRICOT AVE EUSTIS, FL 32736	
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04102007 Chg-P CR2E034 (12/06)

4. FEI Number 86-1085783	Approved For Not Approved
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
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Name	Street Address (P.O. Box Number is Not Accepted)	City	FL	Zip Code
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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 Christina L.G. Wellman
Signature of holder or agent of registered agent and fee paid. (NOTE: Registered Agent signature required when changing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	DVST ☐ Delete
NAME	WELLMAN, CHRISTINA L.G.
STREET ADDRESS	30748 APRICOT AVE
CITY, ST, ZIP	EUSTIS, FL 32736
TITLE	DP ☐ Delete
NAME	WELLMAN, MATTHEW R. <i>middle initial incorrect</i>
STREET ADDRESS	30748 APRICOT AVE
CITY, ST, ZIP	EUSTIS, FL 32736
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	DP ☒ Change ☐ Addition
NAME	Wellman, Matthew T.
STREET ADDRESS	30748 Apricot Ave
CITY, ST, ZIP	Eustis FL 32736
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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 like empowered.

SIGNATURE: Christina L.G. Wellman 4-10-07 3525894817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date