

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 12, 2005 8:00 am**  
**Secretary of State**

08-29-2005 90143 004 \*\*\*150.00

|   |   |   |  |  |  |
|---|---|---|--|--|--|
| <b>DOCUMENT # P04000009714</b><br>1. Entity Name<br><b>WESLEY'S FRAMING, INC.</b>   |   |   |  |  |  |
| Principal Place of Business<br><b>4195 SHERWOOD BLVD<br/>MELBOURNE, FL 32935</b>  |   |   | Mailing Address<br><b>4195 SHERWOOD BLVD<br/>MELBOURNE, FL 32935</b> |  |  |
| 2. Principal Place of Business<br><b>6389 Dane Ave</b><br>Suite, Apt. #, etc.   |   |   | 3. Mailing Address<br><b>6389 Dane Ave</b><br>Suite, Apt. #, etc.    |  |  |
| City & State<br><b>Port St. John FL</b>   |   | City & State<br><b>Port St. John FL</b>   |  | 4. FEI Number<br><b>20-0593785</b>   |  |
| Zip<br><b>32927</b>   |   | Country<br><b>USA</b>   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>WESLEY, MICHAEL A<br/>4195 SHERWOOD BLVD<br/>MELBOURNE, FL 32935</b>  |   |   |  | 7. Name and Address of New Registered Agent<br>Name <b>Michael A. Wesley</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>6389 Dane Ave</b><br>City <b>Port St. John FL</b> Zip Code <b>32927</b> |  |
| 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.<br>SIGNATURE <i>Michael A. Wesley</i> <b>Michael A. Wesley Reg. Agent 8/24/05</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 7, 2005</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>WESLEY, MICHAEL A<br>4195 SHERWOOD BLVD<br>MELBOURNE, FL 32935          | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | 1VP<br>SHIFLETT, MIKE<br>702 WILDBRIAR NE, #9, APT. 208<br>PALM BAY, FL 32905 | <input checked="" type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | 2VP<br>MAINE, JASON<br>610 CARDINAL ST., SE<br>PALM BAY, FL 32909             | <input checked="" type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   |  |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Michael A. Wesley</i> <b>Michael A. Wesley Pres 8/24/05</b> <span style="float: right;"><b>637-1345</b></span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SPOKING OFFICER OR DIRECTOR</small>   |   |   |  |  |  |

66027216



08242005 Chg-P CP2E034 (10/03)

ATTACHMENT

66027216

August 24, 2005

Uniform Business Reports  
Division Of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Document # P04000009714  
WESLEY'S FRAMING, INC.

Dear Sir or Madam:

Please be advised that the corporate offices of WESLEY'S FRAMING, INC.  
had been moved from

4195 Sherwood Blvd  
Melbourne, FL 32935

TO

6389 Dane Avenue  
Port St. John, FL 32927

the 2005 Annual Report was never forwarded to our new address and we  
never received it or any subsequent notifications of renewal.

We beg the Division to grant the above named corporation a renewal  
without penalty or recourse for the reasons stated.

Please find enclosed an Annual Report and a check in the amount of \$150.00  
for appropriate fees for the year 2005.

Sincerely,

*Michael A. Wesley*

Michael A. Wesley  
President