

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000093433

FILED
May 06, 2004
Secretary of State

Entity Name: WYLAND FRAMING OF KEY WEST, INC.

Current Principal Place of Business:

962 N.W. 53RD STREET
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

962 N.W. 53RD STREET
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 65-0747712

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPO, JON
962 N.W. 53RD STREET
FT. LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DOUGLAS, WINTON S
Address: 1218 DUVAL STREET
City-St-Zip: KEY WEST, FL 33040

Title: VD () Delete
Name: SHAFFER, GREGORY L
Address: 1218 DUVAL STREET
City-St-Zip: KEY WEST, FL 33040

Title: VP () Delete
Name: CAMPO, JON
Address: 962 N.W. 53RD STREET
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: VP () Delete
Name: BUXTON, JEFFREY
Address: 962 N.W. 53RD STREET
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JON CAMPO

VP

05/06/2004

Electronic Signature of Signing Officer or Director

Date