2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P99000019468 **DOCUMENT#** 1. Entity Name WAFFLEHEAD FRAMING, INC.



Jan 27, 2003 8:00 am Secretary of State 01-27-2003 90144 028 ***150.00

THE POLICY STORY S						GOO WE THAT						
Suite, Apt. F. etc. Suite, Apt. F. etc. CHECK - HERE IF MAKING CHANGES Applicable Sorting State Check - HERE IF MAKING CHANGES Applicable Sorting State A. FEI Number 59-3563882 Applicable Sorting State Applicable Sorting State Applicable Sorting State A. FEI Number Sorting State Applicable Sorti	495 NORWOOD AVE.			495 NORWOOD AVE.				# 100/H00# III FEVIN JEVIN FEVIN BOVIN BOV	 		11)F1 (2) 1 (211)	
City & State Country Experiment of the purpose of control Registered Agent FERL ANTHONY P 485 NORWOOD AVE STRELLITE BEACH FL 32937 SATELLITE BEACH FL 32937 STRELLITE BEACH FL 32937 SIGNATURE FUND Figure Registered Agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of regis	2. Principal Pla	ace of Busin	ess	3. Mailing Addr	3. Mailing Address							
SP-3863892 Not Applicated SP-3863892 SP-3863892 Not Applicated SP-3863892 SP-38	Suite, Apt. #	, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
Country Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required	City & State			City & State			4. F	K0-2K62R82				
Street Address of New Registered Agent PERI, ANTHONY P 495 NORWOOD AVE SATELLITE BEACH FL 32937 City FL Zip Code City FL Zip Code City FL Zip Code City FL Address of New Registered Agent City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL Address of New Registered Agent City FL Zip Code City FL Address of New Registered Agent City FL Zip Code	Zip Country			Zip Country.			5. C	5 Certificate of Status Desired \$8.75 Additional				
Name		6 Name	and Address of Current	Pagistared Agent	L	1	7 N	amo and Address of Now Posiet		,		
PERI, ANTHONY P 495 NORWOOD AVE SATELLITE BEACH FL 32937 City	ζ	O. IVAIIIO	and Address of Corrent	negistered Agent		Namo	J. 141	ane and Address of New Negist	ereu ny	CIIL		
SATELLITE BEACH FL 32937 11 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rorida. Tam familiar with, and accept the chilippations of registered agent, or both, in the State of Rorida. Tam familiar with, and accept the chilippations of registered agent, or both, in the State of Rorida. Tam familiar with, and accept the chilippations of registered agent. The State of Rorida. Tam familiar with, and accept the chilippations of registered agent. The State of Rorida. Tam familiar with, and accept the chilippations of registered agent. The State of Rorida. Tam familiar with, and accept the chilippations of registered agent. The State of Rorida. Tam familiar with, and accept the chilippations of registered agent. The State of Rorida. Tam familiar with, and accept the chilippations of registered agent. The State of Rorida. Tam familiar with, and accept the chilippations of registered agent. The State of Rorida. Tam familiar with, and accept the chilippations of registered agent. The State of Rorida. Tam familiar with, and accept the chilippations of registered agent. The State of Rorida. Tam familiar with, and accept the chilippations of registered agent. The State of Rorida. Tam familiar with, and accept the chilippations of registered agent. The State of Rorida. The Rorida State of Rorida. The Rorida State of Rorida State			"		`	•						
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature by the control registered agent and their experience. FILE NOW!! FEE IS \$150.00 After May 1: 2003 Fee Will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PART, ANTHONY P 495 NORWOOD AVE. SIRET ADDRESS DITY ST-2P Delete TITLE DAME SIRET ADDRESS DITY-ST-2P TITLE MAME SIRET ADDRESS DITY-ST-2P Delete TITLE MAME SIRET ADDRESS DITY-ST-2P TITLE MAME SIRET ADDRESS DITY-ST-2P Delete DELETE DELETE DELETE ADDITIONS/CHANGES TO DETAIL TO DELETE TITL	-		•									
THE POLICE STATUS CONTROL OF CONTROL NAME Agency agency and title of applicable. FILE NOW!! FEE IS \$150.00			- -		L. A. 17 L. P. L. P. L. L. L. A. B. L. L. A. L.	<u> </u>				l		
Atter May 1; 2003 Fee Will be \$550,00 Trust Fund Contribution. Added to Fees Trust Fund Contribution. Added to Fees Trust Fund Contribution. Added to Fees Added to Fees Trust Fund Contribution. Added to Fees Added to Fees Added to Fees Added to Fees Trust Fund Contribution. Added to Fees Added to Fees Trust Fund Contribution. Added to Fees Added to Fees Added to Fees Trust Fund Contribution. Added to Fees Added to Fees Trust Fund Contribution. Added to Fees Added to Fees Added to Fees Added to Fees Trust Fund Contribution. Added to Fees Added to Fees Added to Fees Trust Fund Contribution. Added to Fund Fund Fund Fund Fund Fund Fund Fund	SIGNATURE _			and title if applicable.	(NOTE: Register	ed Agent signature requ	ired when rein	stating)	DATE			
TITLE PFRI, ANTHONY P	After	3 Fee will be \$550.00	f State		<u> </u>	9 -Election Campaign Financir Trust Fund Contribution.	·9	≥=\$5:0 Added	O_May_Be to Fees			
PERI, ANTHONY P 495 NORWOOD AVE. STREET ADDRESS CITY-ST-ZIP DVPS FRANKLIN, CHARLES L 1105 PAWNEE TERRACE INDIAN HARBOR BEACH FL 32937 Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	10.		OFFICERS AND	DIRECTORS	11.	•	ADD	ITIONS/CHANGES TO OFFICERS	S AND D	IRECTORS	3 IN 11	
FRANKLIN, CHARLES L 1105 PAWNEE TERRACE INDIAN HARBOR BEACH FL 32937 ITTLE MAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS	NAME STREET ADDRESS	PERI, ANT 495 NORW	OOD AVE.	D	NA N STR	ME REET ADDRESS		•,		☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME Street address 1	Franklin 1105 Paw	NEE TERRACE		NAM STR	ME REET ADDRESS		* .		☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP CITILE NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	NAME Street address			□ D	NAM STR	ME MEET ADDRESS				☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP CITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	NAME Street address			□ D	NAM Str	ME EET ADDRESS				☐ Change	Addition	
NAME STREET ADDRESS STREET ADDRESS	NAME Street address			□ 0	NAM STR	ME EET ADDRESS			Г] Change	☐ Addition	
	NAME STREET ADDRESS				NAM STR	AE EET ADDRESS		-] Change	Addition	

12. I hereby certify that the information supplied with this illing does not qualify 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 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 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 appreciate the removal of the corporation of the corporation of the corporation or the receiver or this report is true and accurate and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an appreciate the removal of the corporation of the cor

SIGNATURE:

Daytime Phone #