

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000078284

FILED  
Feb 19, 2005  
Secretary of State

Entity Name: WILD ORCHID CONSTRUCTION, INC.

## Current Principal Place of Business:

37 SPOONBILL WAY  
KEY WEST, FL 33040

## New Principal Place of Business:

235 S.E. 23 TERRACE  
CAPE CORAL, FL 33990

## Current Mailing Address:

37 SPOONBILL WAY  
KEY WEST, FL 33040

## New Mailing Address:

235 S.E. 23 TERRACE  
CAPE CORAL, FL 33990

FEI Number: 35-2231280

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAYDEN, MICHAEL L  
37 SPOONBILL WAY  
KEY WEST, FL 33040 US

## Name and Address of New Registered Agent:

HAYDEN, MICHAEL L  
235 S.E. 23 TERRACE  
CAPE CORAL, FL 33990 US

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:

02/19/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HAYDEN, MICHAEL L  
Address: 37 SPOONBILL WAY  
City-St-Zip: KEY WEST, FL 33040

Title: TSD ( ) Delete  
Name: WEEKS-MASON, MICHELLE  
Address: 37 SPOONBILL WAY  
City-St-Zip: KEY WEST, FL 33040

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HAYDEN, MICHAEL L  
Address: 235 S.E. 23 TERRACE  
City-St-Zip: CAPE CORAL, FL 33990

Title: TSD (X) Change ( ) Addition  
Name: WEEKS-MASON, MICHELLE  
Address: 235 S.E. 23 TERRACE  
City-St-Zip: CAPE CORAL, FL 33990

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: MICHAEL HAYDEN

P

02/19/2005

Electronic Signature of Signing Officer or Director

Date