


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90103 011 \*\*\*158.75

<b>DOCUMENT # P32838</b> 1. Entity Name <b>HDR CONSTRUCTION CONTROL CORPORATION</b>					
Principal Place of Business <b>2202 N WESTSHORE BLVD STE 250 TAMPA FL 33607 US</b>			Mailing Address <b>8404 INDIAN HILLS DR. OMAHA NE 68114-4049 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOWD, WILLIAM M.		NAME		
STREET ADDRESS	12850 BINNEY STREET		STREET ADDRESS	12 Cottondale Road	
CITY-ST-ZIP	OMAHA NE 68164		CITY-ST-ZIP	Austin, TX 78738	
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PACHMAN, LOUIS J		NAME		
STREET ADDRESS	5008 CHICAGO ST		STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE 68132		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WENDY L LACEY		NAME		
STREET ADDRESS	6804 N. 106TH CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE 68122		CITY-ST-ZIP		
TITLE	DSVP <input type="checkbox"/> Delete		TITLE	EVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WADSWORTH, WILLIAM H.		NAME		
STREET ADDRESS	3115 FAIR OAKS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33611		CITY-ST-ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE	D/CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEEN, ERIC		NAME		
STREET ADDRESS	25551 CHIMERA DR		STREET ADDRESS	3867 South 175th Avenue	
CITY-ST-ZIP	MISSION VIEJO CA 92692		CITY-ST-ZIP	Omaha, NE 68130	
TITLE	DEVP <input type="checkbox"/> Delete		TITLE	D/Chairman of the Board <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LITTLE, GEORGE A		NAME		
STREET ADDRESS	2802 N 160TH STREET		STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE 68116		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing 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 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.					
<b>SIGNATURE:</b> <u>Wendy L Lacey</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Wendy L. Lacey, Treasurer			4/20/05 Date		402-399-1000 Daytime Phone #