

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90261 042 \*\*\*158.75

**DOCUMENT # P32838**

1. Entity Name  
**HDR CONSTRUCTION CONTROL CORPORATION**



Principal Place of Business  
**2202 N WESTSHORE BLVD  
STE 250  
TAMPA, FL 33607 US**

Mailing Address  
**8404 INDIAN HILLS DR.  
OMAHA, NE 68114-4049 US**

**DO NOT WRITE IN THIS SPACE**



04172007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**47-0741232**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	DOWD, WILLIAM M.
STREET ADDRESS	12 COTTONDALE RD
CITY - ST - ZIP	AUSTIN, TX 78738
TITLE	S
NAME	PACHMAN, LOUIS J
STREET ADDRESS	5008 CHICAGO ST
CITY - ST - ZIP	OMAHA, NE 68132
TITLE	T
NAME	WENDY L LACEY
STREET ADDRESS	6804 N. 106TH CIRCLE
CITY - ST - ZIP	OMAHA, NE 68122
TITLE	EVP
NAME	WADSWORTH, WILLIAM H.
STREET ADDRESS	3115 FAIR OAKS AVENUE
CITY - ST - ZIP	TAMPA, FL 33611
TITLE	DCEO
NAME	KEEN, ERIC
STREET ADDRESS	3867 S. 175TH AVE
CITY - ST - ZIP	OMAHA, NE 68130
TITLE	DCOB
NAME	LITTLE, GEORGE A
STREET ADDRESS	2802 N 160TH STREET
CITY - ST - ZIP	OMAHA, NE 68116

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Wendy L. Lacey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wendy L. Lacey

Treasurer

4/17/2007

Date

402-399-1000

Daytime Phone #