

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90064 033 ***150.00



DOCUMENT # P05000063492
 1. Entity Name
ADAM M. WEGLINSKI CONSTRUCTION I, INC.

Principal Place of Business **2853 AVENIDA DE SOTO**
~~2853 AVENIDA DE SOTO~~
~~NAVARRE FL 32583 XXXX~~
 SEE BELOW

Mailing Address **2853 AVENIDA DE SOTO**
~~2853 AVENIDA DE SOTO~~
~~NAVARRE FL 32583 XXXX~~

40107



2. Principal Place of Business - No P.O. Box #
8513 Hickory Hammock Rd.

3. Mailing Address
8513 Hickory Hammock Rd.

Suite, Apt. #, etc.

05012007 Chg-P CR2E034 (12/06)

City & State
Milton, FL 32583

City & State
Milton, FL 32583

4. FEI Number
71-0986468

Applied For
 Not Applicable

Zip Country
32583 Santa Rosa

Zip Country
32583 Santa Rosa

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

6. Name and Address of Current Registered Agent
WEGLINSKI, ADAM M
~~2853 AVENIDA DE SOTO~~
~~NAVARRE FL 32583~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
8513 Hickory Hammock Rd.

City **Milton** FL Zip Code **32583**

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 Adam M. Weglinski *A.M. Weglinski* DATE 5/1/07

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

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	P	<input type="checkbox"/> Delete
NAME	WEGLINSKI, ADAM M	
STREET ADDRESS	2853 AVENIDA DE SOTO	
CITY-ST-ZIP	NAVARRE FL 32583	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PIOTROWSKI, STANISLAW	
STREET ADDRESS	110 GREEN DRIVE	
CITY-ST-ZIP	MARY ESTHER, FL 32569	
TITLE	S	<input type="checkbox"/> Delete
NAME	WEGLINSKI, MARIAN D	
STREET ADDRESS	2853 AVENIDA DE SOTO	
CITY-ST-ZIP	NAVARRE FL 32583	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8513 Hickory Hammock Road	
CITY-ST-ZIP	Milton, FL 32583	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8513 Hickory Hammock Road	
CITY-ST-ZIP	Milton, FL 32583	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Adam M. Weglinski *A.M. Weglinski* DATE 5/1/07 DAYTIME PHONE # 850-9368961

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR