

**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~~**  
~~NAVARRE FL 32566 XXX US~~  
 SEE BELOW

Mailing Address **~~2853 AVENIDA DE SOTO~~**  
~~NAVARRE FL 32566 XXX US~~

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**

Zip Country  
**32583 Santa Rosa**

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**32583 Santa Rosa**

4. FEI Number  
**71-0986468**

Applied For  
 Not Applicable

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 32566~~

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEGLINSKI, ADAM M <del>2853 AVENIDA DE SOTO</del> <del>NAVARRE FL 32566</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8513 Hickory Hammock Road Milton, FL 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PIOTROWSKI, STANISLAW 110 GREEN DRIVE MARY ESTHER, FL 32569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEGLINSKI, MARIAN D <del>2853 AVENIDA DE SOTO</del> <del>NAVARRE FL 32566</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8513 Hickory Hammock Road Milton, FL 32583
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 5/1/07 850-9368961  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR