

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90192 034 ***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.
OHAMA, NE 68114-4049 US**

2. Principal Place of Business - No P.O. Box #
5426 Bay Center Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 400

City & State
Tampa, FL

City & State

Zip
33609-3444

Country

Zip

Country

04172008

Chg-P

CR2E034 (12/06)

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2008 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** ☐ Delete
NAME **DOWD, WILLIAM M.**
STREET ADDRESS **12 COTTONDALE RD**
CITY-ST-ZIP **AUSTIN, TX 78738**

TITLE **S** ☐ Delete
NAME **PACHMAN, LOUIS J**
STREET ADDRESS **5008 CHICAGO ST**
CITY-ST-ZIP **OMAHA, NE 68132**

TITLE **T** ☐ Delete
NAME **WENDY L LACEY**
STREET ADDRESS **6804 N. 106TH CIRCLE**
CITY-ST-ZIP **OMAHA, NE 68122**

TITLE **EVP** ☐ Delete
NAME **WADSWORTH, WILLIAM H.**
STREET ADDRESS **3115 FAIR OAKS AVENUE**
CITY-ST-ZIP **TAMPA, FL 33611**

TITLE **DCEO** ☐ Delete
NAME **KEEN, ERIC**
STREET ADDRESS **3867 S. 175TH AVE**
CITY-ST-ZIP **OMAHA, NE 68130**

TITLE **DCOB** ☐ Delete
NAME **LITTLE, GEORGE A**
STREET ADDRESS **2802 N 160TH STREET**
CITY-ST-ZIP **OMAHA, NE 68116**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Wendy L Lacey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/08

Date

402-399-1000

Daytime Phone #