2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004
Secretary of State

DOCUMENT# 372466

Entity Name: W. A. M. CONSTRUCTION, INC.

Current Principal Place of Business:

1300 SHORELINE DRIVE
GULFBREEZE, FL 32562 US

New Principal Place of Business:

1300 SHORELINE DRIVE
GULF BREEZE, FL 32561 US

Current Mailing Address:

POST OFFICE BOX 565
GULF BREEZE, FL 32562 US

New Mailing Address:

FEI Number: 59-1359194 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SCHROTH, ELLEN S.
205 DOLPHIN ST
GULF BREEZE, FL 32561

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SCHROTH, MARK A.,
Address: 315 FLORIDA AVE
City-St-Zip: GULF BREEZE, FL

Title: VD ( ) Delete
Name: SCHROTH, WALTER,
Address: 113 NAVARRE ST
City-St-Zip: GULF BREEZE, FL

Title: STD ( ) Delete
Name: SCHROTH,ELLEN S.,
Address: 205 DOLPHIN STREET
City-St-Zip: GULF BREEZE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SCHROTH, MARK A.,
Address: 315 FLORIDA AVE
City-St-Zip: GULF BREEZE, FL 32561 US

Title: VD (X) Change ( ) Addition
Name: SCHROTH, WALTER,
Address: 113 NAVARRE ST
City-St-Zip: GULF BREEZE, FL 32561 US

Title: STD (X) Change ( ) Addition
Name: SCHROTH,ELLEN S.,
Address: 205 DOLPHIN STREET
City-St-Zip: GULF BREEZE, FL 32561 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLEN S SCHROTH STD 03/09/2004

Electronic Signature of Signing Officer or Director Date