


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90017 017 ***150.00

DOCUMENT # 379501	
1. Entity Name WIGGINS SUPPLY AND CONSTRUCTION, INC.	

Principal Place of Business 33553 ROSALIA LILLIAN AL 36549 US	Mailing Address P O BOX 537 LILLIAN AL 36549 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent	
WIGGINS, LAMAR 152 CONTRI LANE CANTONMENT FL 32533	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	WIGGINS, RAYFORD
STREET ADDRESS	152 CONTRI LANE
CITY-ST-ZIP	CANTONMENT FL 32533
TITLE	VS <input type="checkbox"/> Delete
NAME	WIGGINS, LAMAR
STREET ADDRESS	152 CONTRI LANE
CITY-ST-ZIP	CANTONMENT FL 32533
TITLE	VT <input type="checkbox"/> Delete
NAME	WIGGINS, ELLIE V
STREET ADDRESS	152 CONTRI LANE
CITY-ST-ZIP	CANTONMENT FL 32533
TITLE	DV <input type="checkbox"/> Delete
NAME	WIGGINS, RICKY S
STREET ADDRESS	152 CONTRI LANE
CITY-ST-ZIP	CANTONMENT FL 32533
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 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	
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 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 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:  **LAMAR R. WIGGINS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-251-962-4375

Date

Daytime Phone #