## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J97103

GAMM, STEVEN E

TAMPA, FL 33618

1911 FLORESTA VIEW DR

Name:

Address:

City-St-Zip:

Entity Name: WDG CONSTRUCTION, INC.

FILED Feb 06, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
2130 ASH SUITE 102	LEY OAKS CI	RCLE				
	CHAPEL, FL	33543	US			
Current Mailing Address:				New Mailing Addres	New Mailing Address:	
	LEY OAKS CI	RCLE				
SUITE 102 WESLEY	Z CHAPEL, FL	33543	US			
FEI Number	: 59-2850743	FEI N	umber Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of	Name and Address of New Registered Agent:	
2130 ASH SUITE 102	RS, NICOLE R LEY OAKS CI 2 CHAPEL, FL	RCLE	JS			
	e named entity e of Florida.	submits	s this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:					
	Electro	nic Sign	ature of Registered Age	ent	Date	
Election Car	mpaign Financir	ng Trust F	Fund Contribution ( ).			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ST () LINDQUIST, R 2130 PASO FI DADE CITY, F	NO WAY	4	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD ( BUCK, DONAL 293 TALL OAK TARPON SPR	(TRL	34688	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD ( SAUNDERS, N 5240 WELLFI NEW PORT R	ELD ROA		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	VPD (	) Delete		Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: NICOLE SAUNDERS VP 02/06/2007