

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # K42770**

1. Entity Name  
**WMS CONSTRUCTION, INC.**



Principal Place of Business

**GOBARRON, WHITE**  
**2101 SO WEAVERLY PL**  
**MELBOURNE, FL 32901 US**

Mailing Address

**GOBARRON, WHITE**  
**2101 SO WEAVERLY PL**  
**MELBOURNE, FL 32901 US**



06302005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-2917837**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WHITE, BARRON F.**  
**2101 SO WEAVERLY PL**  
**MELBOURNE, FL 32901**

**DO NOT WRITE  
IN THIS SPACE**

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 \$550.00**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME WHITE, BARRON F.  
STREET ADDRESS 480 MONACO DRIVE  
CITY-ST-ZIP INDIALANTIC, FL

TITLE VS  
NAME MCKINNEY, CARL H.  
STREET ADDRESS 3810 BURTON ROAD  
CITY-ST-ZIP PALM BAY, FL

TITLE VT  
NAME SELPH, ROBERT D.  
STREET ADDRESS 1306 ARITON DR., N.E.  
CITY-ST-ZIP PALM BAY, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000371103  
07/07/05-80003-009 550.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*BF White, PRES*

7/5/05

321-7090324