

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90148 021 ***150.00

DOCUMENT #K42770

1. Entity Name
WMS CONSTRUCTION, INC.



Principal Place of Business
COBARRON F. WHITE
2101 SO WEAVERLY PL
MELBOURNE, FL 32901 US

Mailing Address
COBARRON F. WHITE
2101 SO WEAVERLY PL
MELBOURNE, FL 32901 US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

01062006 Chg-P CR2E034 (11/05)

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

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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHITE, BARRON F.			NAME	White, Barron F.		
STREET ADDRESS	480 MONACO DRIVE			STREET ADDRESS	480 Monaco Drive		
CITY-ST-ZIP	INDIALANTIC, FL			CITY-ST-ZIP	Indialantic, FL 32903		
TITLE	VS	<input type="checkbox"/> Delete		TITLE	VS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCKINNEY, CARL H.			NAME	McKinney, Carl H.		
STREET ADDRESS	3810 BURTON ROAD			STREET ADDRESS	3810 Burton Road		
CITY-ST-ZIP	PALM BAY, FL			CITY-ST-ZIP	Malabar, FL 32950		
TITLE	VT	<input type="checkbox"/> Delete		TITLE	VT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SELPH, ROBERT D.			NAME	Selph, Robert D.		
STREET ADDRESS	1306 ARITON DR., N.E.			STREET ADDRESS	1306 Ariton Drive NE		
CITY-ST-ZIP	PALM BAY, FL			CITY-ST-ZIP	Palm Bay, FL 32905		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: BT White, Pres. 4/17/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #