

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

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



04222008 No Chg-P CR2E034 (11/05)

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 \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000919103
05/13/08-80109-006 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WHITE, BARRON F.
STREET ADDRESS 480 MONACO DRIVE
CITY-ST-ZIP INDIALANTIC, FL 32903

TITLE VS
NAME MCKINNEY, CARL H.
STREET ADDRESS 3810 BURTON ROAD
CITY-ST-ZIP MALABAR, FL 32950

TITLE VT
NAME SELPH, ROBERT D.
STREET ADDRESS 1306 ARITON DR., N.E.
CITY-ST-ZIP PALM BAY, FL 32905

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *S. White, Pres. BARRON F. WHITE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-08 321-729-0324