## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # L40132

1. Entity Name

WALBRIDGE CONTRACTING, INC.

Principal Place of Business

9942 CURRIE DAVIS DRIVE

SUITE H

TAMPA, FL 33619

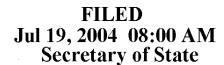
Mailing Address

9942 CURRIE DAVIS DRIVE

SUITE H

DO NOT WRITE IN THIS SPACE

TAMPA, FL 33619





07072004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0160996 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

SIGNATURE:

## 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, typed or printed name of registered agent and title if applicable (NOTE Registered			gent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 9. Election Camp Due by September 8, 2004 Trust Fund Co			ng 🛘	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
TUTLE NAME STREET ADDRESS CITY-SI-2IP	OFFICERS AND DIRECT D RAKOLTA, JOHN R 613 ABBOTT ST DETROIT, MI	CTORS		09000166851 07/19/04-80001-006 <b>150.0</b> 0	
TITLE MAME STREET ADDRESS CITY-ST-ZIP	V MARSHALL, RICHARD 9942 CURRIE DAVIS DRIVE TAMPA, FL 33619				
TITLE NAME STREET ADDRESS CITY-SI-ZIP	VD HAUSMANN, RONALD L P.E. 613 ABBOTT STREET DETROIT, MI 48226		DO NOT WRITE IN THIS SPACE		
HILE NAME SIREET ADDRESS CHY-SI-ZIP	DT DEANGELIS, VINCE 613 ABBOTT ST DETROIT, MI 48226				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HALLER, RICHARD 613 ABBOTT ST DETROIT, MI 48226				
TITLE NAME STHEET ADDRESS CITY-ST-ZIP	VD HALLER, MICHAEL 613 ABBOTT ST DETROIT, MI 48226				
12. It hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii). 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 of trusted for the 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 applicable with all other like empowered.					