



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2005 08:00 AM
Secretary of State

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 TAMPA, FL 33619
DO NOT WRITE IN THIS SPACE		 07072005 No Chg-P CR2E034 (10/03)
		4. FEI Number 65-0160996
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
10. OFFICERS AND DIRECTORS		
<small>TITLE</small>	D	DO NOT WRITE IN THIS SPACE
<small>NAME</small>	RAKOLTA, JOHN R	
<small>STREET ADDRESS</small>	613 ABBOTT ST	
<small>CITY-ST- ZIP</small>	DETROIT, MI	
<small>TITLE</small>	V	
<small>NAME</small>	MARSHALL, RICHARD	
<small>STREET ADDRESS</small>	9942 CURRIE DAVIS DRIVE	
<small>CITY-ST- ZIP</small>	TAMPA, FL 33619	
<small>TITLE</small>	VD	
<small>NAME</small>	HAUSMANN, RONALD L P.E.	
<small>STREET ADDRESS</small>	613 ABBOTT STREET	
<small>CITY-ST- ZIP</small>	DETROIT, MI 48226	
<small>TITLE</small>	DT	
<small>NAME</small>	DEANGELIS, VINCE	
<small>STREET ADDRESS</small>	613 ABBOTT ST	
<small>CITY-ST- ZIP</small>	DETROIT, MI 48226	
<small>TITLE</small>	PD	
<small>NAME</small>	HALLER, RICHARD	
<small>STREET ADDRESS</small>	613 ABBOTT ST	
<small>CITY-ST- ZIP</small>	DETROIT, MI 48226	
<small>TITLE</small>	VD	
<small>NAME</small>	HALLER, MICHAEL	
<small>STREET ADDRESS</small>	613 ABBOTT ST	
<small>CITY-ST- ZIP</small>	DETROIT, MI 48226	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Vincent DeAngelis</u> 7/8/05 313.442.1310 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		