

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 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**



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0160996	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" 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 _____
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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAKOLTA, JOHN R 613 ABBOTT ST DETROIT, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARSHALL, RICHARD 9942 CURRIE DAVIS DRIVE TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAUSMANN, RONALD L P.E. 613 ABBOTT STREET DETROIT, MI 48226
TITLE NAME STREET ADDRESS CITY-ST-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 STREET ADDRESS CITY-ST-ZIP	VD HALLER, MICHAEL 613 ABBOTT ST DETROIT, MI 48226

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01/30/06-80034-014 158.75

**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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-06 313-963-8800
Date Daytime Phone #