


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P0000000217
 1. Entity Name
WASDIN CONSTRUCTION, INC.



Principal Place of Business Mailing Address
2510 HALPERN'S WAY **2510 HALPERNS WAY**
MIDDLEBURG FL 32068 **MIDDLEBURG FL 32068**
US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
WASDIN, MATT
2510 HALPERNS WAY
MIDDLEBURG FL 32068

4. FEI Number **59-3616206** Applied For / Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS Delete

TITLE	D	WASDIN, MATT
NAME		2510 HALPERNS WAY
STREET ADDRESS		MIDDLEBURG FL 32068
CITY-ST-ZIP		
TITLE	VP	WASDIN, ROSS
NAME		2510 HALPERNS WAY
STREET ADDRESS		MIDDLEBURG FL 32068
CITY-ST-ZIP		
TITLE	S	WASDN, CATHERINE
NAME		2510 HALPERNS WAY
STREET ADDRESS		MIDDLEBURG FL 32068
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS [N 11] Change Addition

TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000027247
 02/03/04-80039-003 150.00

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: *Matt Wasdin* **Matt Wasdin** 1-24-04 904 282 0333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #