

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000000217

1. Entity Name
WASDIN CONSTRUCTION, INC.



Principal Place of Business
2510 HALPERN'S WAY
MIDDLEBURG, FL 32068 US

Mailing Address
2510 HALPERNS WAY
MIDDLEBURG, FL 32068



01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3616206 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WASDIN, MATT
2510 HALPERNS WAY
MIDDLEBURG, FL 32068

**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 _____ 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, 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 D
NAME WASDIN, MATT
STREET ADDRESS 2510 HALPERNS WAY
CITY - ST - ZIP MIDDLEBURG, FL 32068

TITLE VP
NAME WASDIN, ROSS
STREET ADDRESS 2510 HALPERNS WAY
CITY - ST - ZIP MIDDLEBURG, FL 32068

TITLE S
NAME WASDN, CATHERINE
STREET ADDRESS 2510 HALPERNS WAY
CITY - ST - ZIP MIDDLEBURG, FL 32068

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1100000372326
01/09/06-80001-004 150.00

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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: Matt Wasdin Matt Wasdin 1-306 904-282-0333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #