2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 06, 2006 8:00 am **Secretary of State DOCUMENT # P00000055334** 1. Entity Name 03-06-2006 90027 035 ***150.00 WADSWORTH CONSTRUCTION SERVICES, INC. Principal Place of Business Mailing Address 597 COREY AVE. 597 COREY AVE. SAINT PETERSBURG, FL 33706 SAINT PETERSBURG, FL 33706 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02272006 Chg-P CR2E034 (11/05) Applied For City & Stat City & State 4. FEI Number Deach 59-3677789 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DOUGLASS, ROBERT A Street Address (P.O. Box Number is Not Acceptable) 597 COREY AVE. SAINT PETERSBURG, FL 33706 Pete Beach 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change TITLE ☐ Delete TITLE WADSWORTH, LON C NAME NAME STREET ADDRESS ST. Pete Beach, FL 33706 ST. Pete Beach, FL 33706 STREET ADDRESS **597 COREY AVE** CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG, FL 33706 ☐ Delete TITLE TITLE WADSWORTH, JUDY K NAME NAME STREET ADDRESS STREET ADDRESS 597 CORFY AVE CITY-ST-ZIP SAINT PETERSBURG, FL 33706 CITY-ST-ZIP TITLE ☐ Delete NAME CLARK, ROBERT P NAME STREET AODRESS STREET ADDRESS 3901 13TH WAY NORTHEAST CITY-ST-ZIP SAINT PETERSBURG, FL 33703 CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE

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 trusted 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

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

OFFICER OR DIRECTOR

Lon C. Wadsworth

FILED