


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90128 009 ***158.75

DOCUMENT # P00000090206		
1. Entity Name WARE CONSTRUCTION SERVICES, INC.		

Principal Place of Business 4100 W. KENNEDY BLVD. SUITE 130 TAMPA, FL 33609	Mailing Address 4100 W. KENNEDY BLVD. SUITE 130 TAMPA, FL 33609
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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40081910



01092008 Chg-P CR2E034 (12/06)

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	Applied For Not Applicable
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6. Name and Address of Current Registered Agent WARE, MARK J ESQ. 201 E KENNEDY BLVD SUITE 1000 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name WARE, MARK J. ESQ. Street Address (P.O. Box Number is Not Acceptable) 4100 W. KENNEDY BLVD. SUITE 130 City TAMPA FL Zip Code 33609	
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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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WARE, JAMES L SR. 4100 W. KENNEDY BLVD. SUITE 130 TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **JAMES L. WARE** **4/21/08** **813-287-8389**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #