

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 08:00 A
Secretary of State

DOCUMENT # P02000062013

1. Entity Name
W & R CONSTRUCTION SERVICES, INC.



Principal Place of Business

**15903 US 301
DADE CITY, FL 33523**

Mailing Address

**PO BOX 315
ZEPHYRHILLS, FL 33539**



05022007 No Chg-P CR2E034 (11/05)

4. FEI Number
04-3677477

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

**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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HUNT, ROGER L
STREET ADDRESS 15903 US 301
CITY-ST-ZIP DADE CITY, FL 33523

TITLE VD
NAME KELLEY, WILLIAM L
STREET ADDRESS 1524 MAYPOP ST.
CITY-ST-ZIP ZEPHYRHILLS, FL 33540

TITLE S
NAME BARRERA, JODY
STREET ADDRESS 1524 MAYPOP ST
CITY-ST-ZIP ZEPHYRHILLS, FL 33540

TITLE T
NAME HUNT, CHERYL
STREET ADDRESS 15903 US 301
CITY-ST-ZIP DADE CITY, FL 33523

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000762794
05/29/07-80023-012 150.00

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jody L Barrera 4/2/07 (813)838-6147
Date Daytime Phone #