2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: 🗸

Mar 07, 2008 8:00 am Secretary of State 03-07-2008 90033 030 ***150.00 DOCUMENT # P02000080508 W.W.G. CONTRACTING, INC. 40040495 Principal Place of Business Mailing Address **5862 VENISOTA ROAD** 5862 VENISOTA ROAD VENICE, FL 34293 VENICE, FL 34293 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02272008 CR2E034 (12/06) Chg-P Applied For City & State 4. FEI Number City & State 03-0474810 Not Applicable Ζiρ Country \$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 GIEL, WILLIAM W Street Address (P.O. Box Number is Not Acceptable) 5862 VENISOTA RD. VENICE, FL 34293 City 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. Signature, typed or princed name of registered agent and little 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. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition GIEL, WILLIAM WAYNE NAME STREET ADDRESS 5862 VENISOTA ROAD STREET ADDRESS CITY-ST-ZIP VENICE, FL 34293 CHY-ST-ZIE TITLE ☐ Delete TIFLE ☐ Change Addition GIEL, DONNA M NAME NAME STREET ADDRESS 5862 VENISOTA ROAD STREET ADDRESS CITY-ST-ZIP VENICE, FL 34293 CHY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-\$T-ZIP TITLE ☐ Channe ☐ Addition ☐ Delete NALIF STREET ADORESS STREET ADDRESS CITY-ST-ZIP CLEY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-S1-7P CiTY-S1-ZIP TITLE Change ■ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 appowered.

FILED

13/5/08

William Giel