


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90024 006 \*\*\*150.00

<b>DOCUMENT # 0</b> 1. Entity Name <b>Wiggins Construction, Inc</b>					
Principal Place of Business <b>General Contractor</b>			Mailing Address <b>1990 E Blvd St Bartow, FL 33830</b>		
2. Principal Place of Business - No P.O. Box # <b>1990 E Blvd St</b>		3. Mailing Address <b>1990 E Blvd St</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Bartow</b>		City & State <b>Bartow FL</b>		4. FEI Number <b>04-3737960</b>	
Zip <b>33830</b>		Country <b>Polk / US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>Boswell + Dunlap LLP 245 South Central Ave Bartow, FL 33830</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> <b>Pres / Sec</b> <input checked="" type="checkbox"/> <b>John W Wiggins</b> <input checked="" type="checkbox"/> <b>1990 E Blvd St</b> <input checked="" type="checkbox"/> <b>Bartow FL 33830</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> <b>Addition</b> <input checked="" type="checkbox"/> <b>Pres / Sec</b> <input checked="" type="checkbox"/> <b>John W Wiggins</b> <input checked="" type="checkbox"/> <b>1990 E Blvd St</b> <input checked="" type="checkbox"/> <b>Bartow FL 33830</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> <b>Tyler J. Wiggins (Tyler J. Wiggins)</b> <input checked="" type="checkbox"/> <b>5117 Bridle Path Dr</b> <input checked="" type="checkbox"/> <b>Lakeland, FL 33810</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> <b>Addition</b> <input checked="" type="checkbox"/> <b>Tyler J. Wiggins</b> <input checked="" type="checkbox"/> <b>5117 Bridle Path Dr</b> <input checked="" type="checkbox"/> <b>Lakeland, FL 33810</b>	
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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"/> <b>Addition</b>	
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"/> <b>Addition</b>	
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.					
<b>SIGNATURE:</b> <u><i>John W Wiggins</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>5/5/08</u> <u>863-559-7142</u> Date Daytime Phone #		