2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 22, 2008 8:00 am Secretary of State 05-22-2008 90013 033 ***150.00

DOCUMENT # P03000007199 1. Entity Name WYNDHAM CONSTRUCTION SERVICES, INC.					03-22-2008 9	0013 033	130.	.00	
Principal Place of Business 28059 US HWY 19N STE 302 CLEARWATER, FL 33761		Mailing Address 28059 US HWY 19N STE 302 CLEARWATER, FL 33761				à 88UH 88HH (1886)			
Principal Place of Business - No P.O. Box # Mailing Address									
- 36370 U.S. Hwy 19 N - 36370 U.S. H			ww 10 N		04152008 Chg-P	CR2E034	(12/06)		
	370 U.S. Hwy 19 N.	Palm Harbor, FL			4. FEI Number		<u> </u>	plied For	
_ Palm Harbor, FL 34684 USA		34684 USA		_	36-4519388	\$£	3.75 Add	t Applicable	
				_	5. Certificate of Status Desired	Fe-	e Required		
· ·	6. Name and Address of Current	Registered Agent	Name		7. Name and Address of New R	egistered Age	ent		
GENTILE, MICHAEL L 28059 US HWY 19 N				S Minieri, Carl N					
CLEARWATER, FL 33761			_ 36) U.S. Hwy 19 N.	_			
√			Palm Harbor, Fl 34684			_			
	•		С				Zip Code	9	
8. The above named entity's bimits 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. Speed or provided number registered pent and title if applicable. (NOTE: Registered Agent signature required when remistating) DATE									
After Ma	E NOW!!! FEE IS \$150.00 by 1, 2008 Fee will be \$550.		ion. 🗆		.00 May Be led to Fees				
10. TITLE	OFFICERS AND	Delete	TITLE	P	ADDITIONS/CHANGES TO OFF		Change	S IN 11	
NAME	MINIERI, CARL A	L'elete	NAME		nieri, Carl A	•	A ormingo		
STREET ADDRESS CITY-ST-ZIP	28059 US HWY 19 N CLEARWATER, FL 33761		STREET ADDRESS CITY-ST-ZIP		370 U.S. Hwy 19 N.				
TITLE	P P	∠ Delete	TITLE	Pal	m Harbor, FI 34684		Change	☐ Addition	
NAME STREET ADDRESS	GENTILE, MICHAEL 28059 US HWY 19 N	Delite	NAME STREET ADDRESS			_	7 4		
CIFY-ST-ZIP	CLEARWATER, FL 33761		CITY-ST-ZIP						
TITLE NAME	ST MINIERI, CARL N	☐ Delete	TITLE NAME		VP Minieri, Carl N		Change	☐ Addition	
STREET ADDRESS	28059 US HWY 19 N		STREET ADDRESS		36370 U.S. Hwy 19 N				
CITY-ST-ZIP	CLEARWATER, FL 33761		CITY-ST-ZIP		Palm Harbor, Fl 3468	1			
TIFLE NAME		☐ Delete	TITLE NAME		- 4 1	τ [Change	Addition	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP				Change	☐ Addition	
TITLE NAME		☐ Delete	TITLE NAME			L	_ Orange	C) Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS C1TY-ST-ZIP						
TITLE		☐ Delete	TITLE				Change	Addition	
NAME Stree1 Address			NAME STREET ADDRESS						
CITY- S1-ZIP			CITY-ST-ZIP						
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: Use Control of Provide And Typed or Printed Have of Signing Officer or Director 4/28/08 Signature and Typed or Printed Have of Signing Officer or Director 4/28/08									