## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Jul 18, 2006 08:00 AM Secretary of State DOCUMENT # P03000010426 BILL WENDT CONSTRUCTION INC. Mailing Address Principal Place of Business C/O BILL WENDT C/O BILL WENDT 1738 SW APACHE AVE. 1738 SW APACHE AVE. PORT ST. LUCIE, FL 34953 PORT ST. LUCIE, FL 34953 07112006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 81-0602859 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WENDT, BILL DO NOT WRITE 1738 SW APACHE AVE. PORT ST. LUCIE, FL 34953 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. U00000570982 <u>07/18/06-80019-002 150.00</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607,193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 OFFICERS AND DIRECTORS 10. TITLE WENDT, BILL NAME STREET ADDRESS 1738 SW APACHE AVE. CITY-ST-ZIP PORT ST. LUCIE, FL 34953 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-7IP TITLE NAME

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR