

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90128 010 ***158.75

DOCUMENT # P03000031938

1. Entity Name
WARE CONSTRUCTION GROUP, INC.



Principal Place of Business
**4100 W. KENNEDY BLVD.
SUITE 130
TAMPA, FL 33609**

Mailing Address
**4100 W. KENNEDY BLVD.
SUITE 130
TAMPA, FL 33609**

4000100



DO NOT WRITE IN THIS SPACE

01092008 No Chg-P CR2E034 (11/05)

4. FEI Number
76-0727735

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WARE, JAMES L SR.
4100 W. KENNEDY BLVD.
SUITE 130
TAMPA, FL 33609**

**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
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WARE, JAMES L SR.
STREET ADDRESS 4100 W. KENNEDY BLVD. SUITE 130
CITY-ST-ZIP TAMPA, FL 33609

TITLE S
NAME WARE, MARK J
STREET ADDRESS 4100 W. KENNEDY BLVD. SUITE 130
CITY-ST-ZIP TAMPA, FL 33609

TITLE T
NAME WARE, WILLIAM E
STREET ADDRESS 4100 W. KENNEDY BLVD. SUITE 130
CITY-ST-ZIP TAMPA, FL 33609

TITLE V
NAME WARE, JAMES L JR.
STREET ADDRESS 4100 W. KENNEDY BLVD. SUITE 130
CITY-ST-ZIP TAMPA, FL 33609

TITLE V
NAME WARE, S. MICHAEL
STREET ADDRESS 4100 W. KENNEDY BLVD., 130
CITY-ST-ZIP TAMPA, FL 33609

TITLE V
NAME WARE, RICHARD C
STREET ADDRESS 4100 W. KENNEDY BLVD., 130
CITY-ST-ZIP TAMPA, FL 33609

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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

Date

Daytime Phone #

4/21/08 813-287-8383