

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 APR 30 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04062007 Chg-P CR2E034 (12/06)

4. FEI Number 56-2416661 Applied For Not Applicable

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

DOCUMENT # P03000131958

1. Entity Name
WMS & SON CONSTRUCTION, INC.



Principal Place of Business
~~5686 DAYFLOWER CIRCLE~~
TALLAHASSEE, FL 32311 US

Mailing Address
~~5686 DAYFLOWER CIRCLE~~
TALLAHASSEE, FL 32311 US

2. Principal Place of Business - No P.O. Box #
4010 MARTHA DR.
Suite, Apt. #, etc.

3. Mailing Address
4010 MARTHA DR
Suite, Apt. #, etc.

City & State
TALLAHASSEE, FL
Zip 32311 Country US

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TALLAHASSEE, FL
Zip 32311 Country US

6. Name and Address of Current Registered Agent
WILLIAMS, LEAROTHA SR.
~~5686 DAYFLOWER CIRCLE~~ 4010 MARTHA DR
TALLAHASSEE, FL 32311

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
~~4010 MARTHA DR~~
~~4010 MARTHA DR~~
City ~~TALLAHASSEE~~ FL Zip Code 32311

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, LEAROTHA SR. 5686 DAYFLOWER CIRCLE TALLAHASSEE, FL 32311 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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05/11/07--01011--018 **150.00

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: Learotha Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/07 850-5452397
Day Daytime Phone

5/1/07