


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000141890		
1. Entity Name WORTMAN CONSTRUCTION, CORP.		
Principal Place of Business 1750 SW PINE ISLAND RD CAPE CORAL, FL 33991	Mailing Address 1750 SW PINE ISLAND RD CAPE CORAL, FL 33991	
DO NOT WRITE IN THIS SPACE		
		03142007 No Chg-P CR2E034 (11/05)
4. FEI Number 77-0616915		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
WORTMAN, WILSON F 1750 SW PINE ISLAND RD CAPE CORAL, FL 33991		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 <u>Wilson F Wortman</u> 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, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WORTMAN, WILSON F 1750 SW PINE ISLAND RD CAPE CORAL, FL 33991	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WORTMAN, JEFF 391 27 ST NW NAPLES, FL 34120	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VD WORTMAN, WILLIAM DAVID 108 NE 5TH ST GAINESVILLE, FL 32601	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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: <u>Wilson F Wortman</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #