2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## FILED Feb 04, 2008 08:00 AN DOCUMENT # P04000001314 **Secretary of State** WLS CONTRACTING, INC. Principal Place of Business Mailing Address 1250 CAPE CHARLES AVE 1250 CAPE CHARLES AVE JACKSONVILLE FL 32233 JACKSONVILLE FL 32233 2. Principal Place of Business - No P.O. Box # 3. Mading Address Suite, Apt. #. etc. Suite Apt #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 20-0727292 Not Applicable Zip Country $Z_{10}$ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PARKS, SCOTT B Street Address (P.O. Box Number is Not Acceptable) 233 EAST BAY ST STE 901 JACKSONVILLE FL 32202 City Zip Code 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or primed heard of registered agent and title 1 applicable. INCIE Recisioned Agent supplier required when registration DATE FILE NOW!!! FEE!IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPS TITLE THE Derete Addition U000000814814 SATTERWHITE, WAYNE NAME NAME 02/13/08-80059-010 150.00 STREET ADDRESS 1250 CAPE CHARLES AVE STREET ADDRESS City - ST- ZIP JACKSONVILLE FL 32233 CITY - ST- ZIP TITLE DT De ete TITLE Addition ☐ Change NAME SATTERWHITE, ANN NAME STREET ADDRESS 1250 CAPE CHARLES AVE STREET ADDRESS CHY-ST-718 JACKSONVILLE FL 32233 CITY-ST-7IP Mill ☐ Derete THE ☐ Change Addition EMAIN NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP De ete TITLE 1016 ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP De ele ☐ Change IIILE TITLE Addition MAME NAME STREET ADDRESS STACET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Deiele TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cate

Day: no Phone #