2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007
Secretary of State

DOCUMENT# P04000053018

Entity Name: W.C. WISE FILL & GRADING, INC.

Current Principal Place of Business:

4081 E FORT APPACHE PLACE
DUNNELLON, FL 34434

New Principal Place of Business:

Current Mailing Address:

4081 E FORT APPACHE PLACE
DUNNELLON, FL 34434

New Mailing Address:

FEI Number: 02-0720181 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WISE, WILLIE COLIN
4081 E FORT APPACHE PLACE
DUNNELLON, FL 34434 US

Name and Address of New Registered Agent:

WISE, MARTHA M
4081 E FORT APPACHE PLACE
DUNNELLON, FL 34434 US

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.

SIGNATURE: MARTHA M WISE 01/17/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WISE, WILLIE COLIN
Address: 4081 E FORT APPACHE PLACE
City-St-Zip: DUNNELLON, FL 34434

Title: T ( ) Delete
Name: WISE, MARTH M
Address: 4801 EAST FORT APACHEE PLACE
City-St-Zip: DUNNELLON, FL 34434

Title: D ( ) Delete
Name: WISE, THOMAS E
Address: 4801 EAST FORT APACHEE PLACE
City-St-Zip: DUNNELLON, FL 34434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WISE, MARHTA M
Address: 4081 E FORT APPACHE PLACE
City-St-Zip: DUNNELLON, FL 34434

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTHA M WISE P 01/17/2007
Electronic Signature of Signing Officer or Director Date