

FILED
Jun 09, 2005 8:00 am
Secretary of State

06-09-2005 90001 029 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <u>Pol000064098</u>	
1. Entity Name	
W & W HOME CONSTRUCTION, INC	

DO NOT WRITE IN THIS SPACE

40087572

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2. Principal Place of Business 1710 NE 50TH AVENUE Suite, Apt. #, etc.	3. Mailing Address 1710 NE 50TH AVENUE Suite, Apt. #, etc.
City & State OCALA, FL -Zip 34470	City & State OCALA, FL Zip 34470 Country US

4. FEI Number 20-1017589	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent	
Name WAYNE E. ROUPP	
Street Address (P.O. Box Number is Not Acceptable) 1710 NE 50TH AVENUE	
City OCALA	Zip Code 34470

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	VICE PRESIDENT

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11.	
TITLE	PRESIDENT	TITLE		TITLE	
NAME	WAYNE A ROUPP	NAME		NAME	
STREET ADDRESS	1710 NE 50TH AVENUE	STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34470	CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VICE PRESIDENT	TITLE		TITLE	
NAME	WAYNE E. ROUPP	NAME		NAME	
STREET ADDRESS	1710 NE 50TH AVENUE	STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34470	CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE		TITLE	
NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE		TITLE	
NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Wayne E. Roupp 4-13-05 352-4958105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**