


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90199 041 ***150.00

DOCUMENT # P05000114904 1. Entity Name W. O. GREGORY CONSTRUCTION, INC.					
Principal Place of Business 1250 SW BILTMORE STREET PORT ST. LUCIE, FL 34983			Mailing Address 1250 SW BILTMORE STREET PORT ST. LUCIE, FL 34983		
2. Principal Place of Business - No P.O. Box # 330 Sunrise Dr Suite, Apt. #, etc.		3. Mailing Address 330 Sunrise Dr. Suite, Apt. #, etc.			
City & State Fort Pierce, FL Zip 34945		City & State Fort Pierce, FL Zip 34945		4. FEI Number 20-3323913 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHIGHAM, GREGORY K 1250 BILTMORE ST. PORT ST. LUCIE, FL 34983				7. Name and Address of New Registered Agent Name Gregory Whigham Street Address (P.O. Box Number is Not Acceptable) 330 Sunrise Dr. City FL Zip Code 34945	
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><i>Gregory Whigham</i></u> DATE 4/24/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P WHIGHAM, GREGORY K 1250 BILTMORE ST. PORT ST. LUCIE BLVD., FL 34983	<input type="checkbox"/> Delete			
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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><i>Gregory Whigham</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/24/07 Daytime Phone # 772 429-8740		