

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90016 008 \*\*\*150.00

DOCUMENT # P06000136246

1. Entity Name  
OTHERS CONSTRUCTION, INC.



Principal Place of Business

803 SW KEATS AVE.  
PALM CITY, FL 34990 US

Mailing Address

803 SW KEATS AVE.  
PALM CITY, FL 34990 US

2. Principal Place of Business - No P.O. Box #

3357A SW 42<sup>ND</sup> AVE.  
Suite, Apt. #, etc.

3. Mailing Address

3357A SW 42<sup>ND</sup> AVE.  
Suite, Apt. #, etc.

02212008 Chg-P CR2E034 (12/06)

City & State

PALM CITY FL

City & State

PALM CITY FL

4. FEI Number

20-5798967

Applied For

Not Applicable

Zip

34990

Country

USA

Zip

34990

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WYATT, SHELLEY  
3546 LITTLE PINE LN  
LAKE WORTH, FL 33467

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME WYATT, WILLIAM III  
STREET ADDRESS 803 SW KEATS AVE  
CITY-ST-ZIP PALM CITY, FL 34990

TITLE D ☐ Delete  
NAME LEONARD, PAUL S  
STREET ADDRESS 803 SW KEATS AVE  
CITY-ST-ZIP PALM CITY, FL 34990

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

*Paul Leonard VP*  
Signature and Typed or Printed Name of Signing Officer or Director

2/25/08  
Date

72-219-0742  
Daytime Phone #