


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2008 8:00 am**  
**Secretary of State**

01-17-2008 90027 004 \*\*\*150.00

<b>DOCUMENT # P07000083088</b>	
1. Entity Name <b>W S B CONSTRUCTION MANAGEMENT SERVICES, INC.</b>	

Principal Place of Business <b>1538 WESTCHESTER AVENUE WELLINGTON, FL 33414 US</b>	Mailing Address <b>1538 WESTCHESTER AVENUE WELLINGTON, FL 33414 US</b>
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2. Principal Place of Business - No P.O. Box # <b>120 FERNWOOD CRESCENT</b> Suite, Apt. #, etc.	3. Mailing Address <b>120 FERNWOOD CRESCENT</b> Suite, Apt. #, etc.
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City & State <b>ROYAL PALM BEACH FL</b>	City & State <b>ROYAL PALM BEACH FL</b>
Zip <b>33411-4954</b> Country	Zip <b>33411-4954</b> Country



01112008 Chg-P CR2E034 (12/06)

4. FEI Number <b>74-3226150</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>MCDONOUGH, MICHAEL D ESQ. 12794 FOREST HILL BLVD. 19-D WELLINGTON, FL 33414</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BROOKS, WILLIAM <b>1538 WESTCHESTER AVENUE WELLINGTON, FL 33414</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>120 FERNWOOD CRESCENT ROYAL PALM BEACH FL 33411-4954</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP UMENHOFER, BARBARA A 400 DOMINION COURT FRANKLIN, TN 37067 <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"/> Delete	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"/> Delete	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: William S Brooks **(X) 01/15/08** **(X) 561-790-6737**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #