

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90079 022 ***150.00

DOCUMENT # P94000063496 1. Entity Name WEST FLORIDA CONSTRUCTION, INC.					
Principal Place of Business 695 CENTRAL AVE SUITE 200 ST PETERSBURG, FL 33701			Mailing Address P.O. BOX 870 SUITE 350 ST PETERSBURG, FL 33731 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address PO Box 870 Suite, Apt. #, etc.			
City & State		City & State St Petersburg FL		4. FEI Number 65-0516629	
Zip 33731	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent KEHM, MARTHA 695 CENTRAL AVE SUITE 200 ST PETERSBURG, FL 33701				7. Name and Address of New Registered Agent Name Martha Kehm Street Address (P.O. Box Number is Not Acceptable) 1909 Beach Dr SE City St Petersburg FL Zip Code 33705	
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>Martha Kehm</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/17/06</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	VD ANDERSON, CHARLES C 1328 PASADENA AVE S #308 SAINT PETERSBURG, FL 33707	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDS FAWCETT, JOSEPH 5900 SHORE BLVD #812 SAINT PETERSBURG, FL 33707	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD KEHM, MARTHA 1909 BEACH DR. SE ST PETERSBURG, FL 33705	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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>Martha Kehm</i></u> Martha L. Kehm <u>4/17/06</u> 727-823- <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					