


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000053597	
1. Entity Name JOHN H WIGGINS MASONRY CONTRACTOR INC.	

Principal Place of Business 20691 POWELL ROAD DUNNELLON, FL 34431 US	Mailing Address 20691 POWELL ROAD DUNNELLON, FL 34431 US
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DO NOT WRITE IN THIS SPACE



04192006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3387921

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fees Required

6. Name and Address of Current Registered Agent

WIGGINS, JOHN H  
20691 POWELL ROAD  
DUNNELLON, FL

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D WIGGINS, JOHN H 20691 POWELL ROAD DUNNELLON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D KOCH, WILLIAM R 101 RAINBOW STREET DUNNELLON, FL 34430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D WIGGINS, HEIDI M 20691 POWELL ROAD DUNNELLON, FL 34430
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05/05/06-80079-005 150.00

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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: John H Wiggins John H Wiggins 4/19/06 352-489-4529  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #