



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000053597</b>	
1. Entity Name <b>JOHN H WIGGINS MASONRY CONTRACTOR INC.</b>	

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

	
01112008	No Chg-P CR2E034 (11/05)
4. FEI Number <b>59-3387921</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>WIGGINS, JOHN H 20691 POWELL ROAD DUNNELLON, FL</b>	
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**DO NOT WRITE IN THIS SPACE**

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 _____
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<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>
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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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**DO NOT WRITE IN THIS SPACE**

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02/06/08-80048-019 150.00

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: _____	1-26-08	352-489-4529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #