

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90018 015 ***150.00

DOCUMENT # P97000036315

1. Entity Name
WERHAN CONSTRUCTION, INC.



Principal Place of Business
**911 EAST KING FIELD ROAD
CANTONMENT, FL 32533**

Mailing Address
**1301 W GARDEN ST
PENSACOLA, FL 32501 US**

40049364



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

911 E. KINGSFIELD RD

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03152008

Chg-P

CR2E034 (12/06)

4. FEI Number
59-3445419

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BASS AND SANDFORT ACCOUNTS
1301 W GARDEN ST
PENSACOLA, FL 32501**

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 re-registering)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
WERHAN, CLARENCE
911 EAST KING FIELD ROAD
CANTONMENT, FL 32533** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
911 E. KINGSFIELD RD ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSTD
WERHAN, MARION
911 EAST KING FIELD ROAD
CANTONMENT, FL 32533** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
911 E. KINGSFIELD RD ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ 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

Clarence E. Werhan

3-19-08

850-968-9772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #