2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 30, 2004 8:00 am **Secretary of State** DOCUMENT # P98000019636 1. Entity Name 01-30-2004 90084 032 ***150.00 WAYBRIGHT CONSTRUCTION, INC. Principal Place of Business Mailing Address 11295 SW 186TH CIRCLE DUNNELLON FL 34432 11295 SW 186TH CIRCLE **DUNNELLON FL 34432** 2. Principal Place of Business 3. Mailing Address 11295 5W 186TH CIR. 11295 5,00 Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State Applied For City & State 4. FEI Number 59-3495469 OUNNEILON Not Applicable OUNNEITON \$8.75 Additional 5. Certificate of Status Desired 34432 Fee Required *MAR101*V 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WAYBRIGHT, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 11295 SW 186TH CIRCLE **DUNNELLON FL 34432** Zip Code its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the obligations of registered agent. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. D TITLE ☐ Change ☐ Addition TITLE ☐ Delete WAYBRIGHT, MICHAEL NAME NAME 11295 SW 186TH CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DUNNELLON FL 34432** CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE MAIER, DARRYL E NAME STREET ADDRESS 5878 W WOODHILL COURT STREET ADDRESS CITY-ST-ZIP CRYSTAL RIVER FL 34429 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE:

FILED