

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000049115

1. Entity Name
W.D.C. CONSTRUCTION, INC.



Principal Place of Business
**2564 SW HORSESHOE TRAIL
PALM CITY, FL 34990**

Mailing Address
**2564 SW HORSESHOE TRAIL
PALM CITY, FL 34990**



02112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0888563

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SUNDHEIM, FREDERICK G JR
310 SW OCEAN BOULEVARD
STUART, FL**

**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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE
P
NAME
STRAUSBAUGH, DEWAYNE M
STREET ADDRESS
1076 SW 37TH ST
CITY-ST-ZIP
PALM CITY, FL 34990

TITLE
ST
NAME
KIERNAN, LAURA S
STREET ADDRESS
P O BOX 94
CITY-ST-ZIP
PALM CITY, FL 34991

TITLE
AS
NAME
STRAUSBAUGH, WAYNE D
STREET ADDRESS
2564 SW HORSESHOE TRAIL
CITY-ST-ZIP
PALM CITY, FL 34990

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000832335
02/27/08-80054-018 150.00

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IN THIS SPACE**

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:

Laura S Kiernan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-11-08 *772-287-2200*