

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90046 034 ***150.00

DOCUMENT # P99000009407

1. Entity Name
WAVE CONSTRUCTION, INC.



40050517

Principal Place of Business
**968 N WALTON LAKESHORE DRIVE
PANAMA CITY BEACH, FL 32413**

Mailing Address
**P.O. BOX 611160
ROSEMARY BEACH, FL 32461**



DO NOT WRITE IN THIS SPACE

04302007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3556908

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HENSON, JANET R
968 NORTH WALTON LAKESHORE DRIVE
PANAMA CITY BEACH, FL 32413**

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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 _____

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, 2007 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
**DP
HENSON, DAVID S
968 NORTH WALTON LAKESHORE DRIVE
PANAMA CITY BEACH, FL 32413**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
HENSON, JANET R
968 NORTH WALTON LAKESHORE DRIVE
PANAMA CITY BEACH, FL 32413**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
BARTLETT, MICHAEL B
13 BLUE CRAB LN
PANAMA CITY BEACH, FL 32413**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 an other life empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David S Henson 4/30/07 850-231-4724

Date

Daytime Phone #