

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 570848

FILED
Jan 05, 2009
Secretary of State

Entity Name: CULPEPPER CONSTRUCTION COMPANY, INC.

Current Principal Place of Business:

625 W. GAINES STREET
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

625 W. GAINES STREET
P.O.BOX 20086
TALLAHASSEE, FL 32316

New Mailing Address:

FEI Number: 59-1820510 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HUBBS, JOHN F.
625 WEST GAINES STREET
TALLAHASSEE, FL 32304 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KNOX, JENNINGS,
Address: 625 W. GAINES STREET
City-St-Zip: TALLAHASSEE, FL 32304

Title: VD () Delete
Name: HUDDLESTON, P. S.,
Address: 2604 MAYFIELD
City-St-Zip: TALLAHASSEE, FL 32312

Title: TSD () Delete
Name: HUBBS, JOHN F.,
Address: 2682 MILLSTONE PLANTATION ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: V () Delete
Name: SCARINGE, MICHAEL S
Address: 7012 GREENVILLE RD.
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN F HUBBS

Electronic Signature of Signing Officer or Director

TSD

01/05/2009

Date