

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 845149

FILED
Jan 06, 2009
Secretary of State

Entity Name: W.G. YATES & SONS CONSTRUCTION COMPANY

Current Principal Place of Business:

P.O BOX 456
1 GULLY AVENUE
PHILADELPHIA, MS 39350

New Principal Place of Business:

Current Mailing Address:

P.O BOX 456
1 GULLY AVENUE
PHILADELPHIA, MS 39350

New Mailing Address:

FEI Number: 64-0429766 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 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: C/D () Delete
Name: YATES, WILLIAM G JR
Address: 304 DOGWOOD
City-St-Zip: PHILADELPHIA, MS 39350

Title: ST/D () Delete
Name: GOSS, ALINDA J
Address: 10560 ROAD 547
City-St-Zip: PHILADELPHIA, MS 39350

Title: P/D () Delete
Name: YATES, WILLIAM G III
Address: 2104 WARD LANE
City-St-Zip: BILOXI, MS 39350

Title: V () Delete
Name: NADOLSKI, CHESTER J
Address: 2024 ENGLEWOOD DR.
City-St-Zip: BILOXI, MS 39532

Title: V () Delete
Name: CHILDRESS, DONALD R
Address: 774 FAIRWAY TRAIL
City-St-Zip: HERNANDO, MS 38632

Title: V () Delete
Name: JOHNSON, E M III
Address: 302 AZALEA DRIVE
City-St-Zip: PHILADELPHIA, MS 39350

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: P/D (X) Change () Addition
Name: YATES, WILLIAM G III
Address: 2104 WARD LANE
City-St-Zip: BILOXI, MS 39531

Title: V (X) Change () Addition
Name: NADOLSKI, CHESTER J
Address: 2067 MAUVILLA COVE
City-St-Zip: BILOXI, MS 39531

Title: V (X) Change () Addition
Name: CHILDRESS, DONALD R
Address: 6394 SHENANDOAH LANE
City-St-Zip: OLIVE BRANCH, MS 38654

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: ALINDA J. GOSS

ST

01/06/2009

Electronic Signature of Signing Officer or Director

_____ Date