

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90069 030 ***150.00

DOCUMENT # 849773
 1. Entity Name
 QUEEN CITY RAILROAD CONSTRUCTION, INC.



Principal Place of Business Mailing Address
 1500 HUGUENOT RD #101 1500 HUGUENOT RD #101
 PO BOX 190 PO BOX 190
 MIDLOTHIAN, VA 23113 US MIDLOTHIAN, VA 23113 US

50014921

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country


 02042005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 31-0997821 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	THOMAS, JOHN D	
STREET ADDRESS	PO BOX 190	
CITY-ST-ZIP	MIDLOTHIAN, VA 23113	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEALEY, GLENN A	
STREET ADDRESS	PO BOX 190	
CITY-ST-ZIP	MIDLOTHIAN, VA	
TITLE	P	<input type="checkbox"/> Delete
NAME	STEIERS, DOUGLAS C	
STREET ADDRESS	2709 BYINGTON SULWAY	
CITY-ST-ZIP	KNOXVILLE, TN 37931	
TITLE	TS	<input type="checkbox"/> Delete
NAME	COLE, JEFFREY A	
STREET ADDRESS	PO BOX 190	
CITY-ST-ZIP	MIDLOTHIAN, VA 23113	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: Jeffrey A Cole Jeffrey A Cole 2-6-05 804 379 3904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #