

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S80289

FILED
Apr 21, 2009
Secretary of State

Entity Name: SALLY BRACKETT CONSTRUCTION COMPANY

Current Principal Place of Business:

1133 PARK AVENUE
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

1133 PARK AVENUE
TAVARES, FL 32778

New Mailing Address:

FEI Number: 65-0305497

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRACKETT, GERALD A
1133 PARK AVENUE
TAVARES, FL 32778 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: GILLETTE, LYNN A
Address: 455 SHADY PINE COURT
City-St-Zip: MINNEOLA, FL 34715

Title: VPD (X) Delete
Name: GILLETTE, BRENT T
Address: 455 SHADY PINE COURT
City-St-Zip: MINNEOLA, FL 34715

Title: SVPD (X) Delete
Name: BRACKETT, GERALD A
Address: 1133 PARK AVENUE
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BRACKETT, GERALD A
Address: 1133 PARK AVE
City-St-Zip: TAVARES, FL 32778

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: LYNN A. GILLETTE

ASST

04/21/2009

Electronic Signature of Signing Officer or Director

_____ Date