## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 10, 2008 8:00 am Secretary of State

DOCUMENT # F98000001501  1. Entity Name BEN M. RADCLIFF CONTRACTOR, INC.					03-10-2008 90068 032 ***150.00				
Principal Place of Business 3456 HALLS MILL ROAD MOBILE, AL 36693		Mailing Address P.O. BOX 8368 MOBILE, AL 36689-0368		1   18   11   11   11   11   11	Digi ibidi buri 95111 baisi	I 88411 88184 1188	E <b>b</b> iri <b>cuic</b> iáit	10 B) 41 16 B1	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03052008	Chg-P	CR2E03	4 (12/06)		
City & State		City & State		4. FEI Number 63-0419	772			plied For t Applicable	
Zip	Country	Zip	Countr	ry	5. Certificate of	Status Desired		8.75 Add ee Required	
	6. Name and Address of Current	Registered Agent		A1====	7. Name and A	ddress of New R	egistered A	jent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			-	Name Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Code	2
8. The above the obligation	named entity submits this statement for one of registered agent.	or the purpose of changing its	s registere	d office or register	ed agent, or both,	, in the State of Flo	rida. I am fa	miliar with,	and accout
SIGNATURE_	Signature, typed of printed name of registered agen	t and title if applicable. (NOI	TE Registered	Agun: signature required	when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00  9. Election Campaign F After May 1, 2008 Fee will be \$550.00  Trust Fund Contributi				cing \$5. □ Add	.00 May Be				
		.55			ed to rees		*		
10.	OFFICERS AND		11.	<u>.</u>		HANGES TO OFFI	, CERS AND (	DIRECTORS	5 IN 11
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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 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:X

SIGNATURE AND TYPED OR PRINTED NAME ASSIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME ASSIGNING OFFICER OR DIRECTOR

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