


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # 181214 1. Entity Name FAIRCHILD-FLORIDA CONSTRUCTION COMPANY	
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Principal Place of Business 59 FAIRCHILD MONTICELLO, FL 32344	Mailing Address P.O. BOX 310 MONTICELLO, FL 32345 US
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DO NOT WRITE IN THIS SPACE

01112007 No Chg-P CR2E034 (11/05)

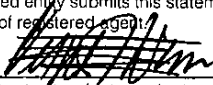
4. FEI Number 59-0721886	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAKER, JAMES E.
1520 LIVEOAK RD.
MONTICELLO, FL 32344

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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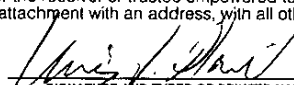
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BAKER, JAMES E. 1520 LIVE OAK RD MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVIS, VIRGIL J 495 HATCHETT ROAD LAMONT, FL 32336
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FAIRCHILD, MARK A 110 DOGWOOD DR. HATTIESBURG, MS 33601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/25/07-80023-003 150.00

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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 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:  VIRGIL J DAVIS, SECRETARY 1/2/07 850-997-2588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #