

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 248309

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: PAUL M. DURHAM CONTRACTOR, INC.

## Current Principal Place of Business:

PAUL M DURHAM  
285 EDGEWOOD AVE S  
JACKSONVILLE, FL 32254 US

## New Principal Place of Business:

## Current Mailing Address:

PAUL M DURHAM  
P O BOX 6250  
JACKSONVILLE, FL 322366250 US

## New Mailing Address:

FEI Number: 59-0932943

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCCULLOUGH, M.E  
4122 CLEARWATER LANE  
JACKSONVILLE, FL 32223 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: MCCULLOUGH, STEVEN M  
Address: 3854 JEAN ST  
City-St-Zip: JACKSONVILLE, FL 32205

Title: VPD ( ) Delete  
Name: MCCULLOUGH, M.E.  
Address: 4122 CLEARWATER LANE  
City-St-Zip: JACKSONVILLE, FL 32223

Title: TD ( ) Delete  
Name: MCCULLOUGH, CATHY  
Address: 4122 CLEARWATER LANE  
City-St-Zip: JACKSONVILLE, FL 32223

Title: S (X) Delete  
Name: KLINE, NAOMI P  
Address: 2064 MYRA STREET  
City-St-Zip: JACKSONVILLE, FL 32204

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MCCULLOUGH, STEVEN M  
Address: 3527 RIVERSIDE AVE  
City-St-Zip: JACKSONVILLE, FL 32205

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

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: STEVEN MCCULLOUGH

PD

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date