2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2008
Secretary of State

DOCUMENT# 360707

Entity Name: W.T. CREEL CONTRACTOR, INC.

Current Principal Place of Business:

335 DEER POINT DR
GULF BREEZE, FL 32561 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1433
GULF BREEZE, FL 32562 US

New Mailing Address:

FEI Number: 59-1287525 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, MARSHA C PRES.
335 DEER POINT DR
GULF BREEZE, FL 32561 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: BROWN, MARSHA C
Address: 335 DEER POINT DR
City-St-Zip: GULF BREEZE, FL 32561

Title: ST ( ) Delete
Name: CREEL, W T
Address: 335 DEER POINT DR
City-St-Zip: GULF BREEZE, FL 32561

Title: VP ( ) Delete
Name: CREEL, LAVADA
Address: 7510 PONTIAN DR
City-St-Zip: PENSACOLA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change ( ) Addition
Name: CREEL, LAVADA
Address: 7510 PONTIAC DR
City-St-Zip: PENSACOLA, FL 32506

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: MARSHA C. BROWN PRES 02/17/2008

Electronic Signature of Signing Officer or Director Date