2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# 402421

Entity Name: FOLSOM CONSTRUCTION, INC.

Current Principal Place of Business:

1424 S. COMBEE ROAD
LAKELAND FL, 33801 US

New Principal Place of Business:

1424 S. COMBEE ROAD
LAKELAND, FL 33801 US

Current Mailing Address:

P O BOX 24988
P.O. BOX 24988
LAKELAND, FL 338024988 US

New Mailing Address:

FEI Number: 59-1403726 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WATSON, STEPHEN C
ONE LAKE MORTON DR
LAKELAND, FL 33801 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: STD ( ) Delete
Name: FOLSOM, KATHY L
Address: 1424 S COMBEE RD
City-St-Zip: LAKELAND, FL 33801

Title: PD ( ) Delete
Name: FOLSOM, GLENN A,
Address: 1424 S COMBEE RD
City-St-Zip: LAKELAND, FL

Title: VD ( ) Delete
Name: FOLSOM, LARRY S
Address: 1424 S COMBEE RD
City-St-Zip: LAKELAND, FL 33801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change ( ) Addition
Name: FOLSOM, KATHY L
Address: 1424 S COMBEE RD
City-St-Zip: LAKELAND, FL 33801

Title: PD (X) Change ( ) Addition
Name: FOLSOM, GLENN A
Address: 1424 S COMBEE RD
City-St-Zip: LAKELAND, FL 33801

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: KATHY L FOLSOM STD 01/06/2009

Electronic Signature of Signing Officer or Director Date