2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#811579

City-St-Zip:

HATTIESBURG, MS 39402

I O A CONTRACTING COMPANIX

FILED Feb 22, 2007 Secretary of State

Entity Name: L. & A. CONTRACTING COMPANY						
Current Principal Place of Business:				New Principal Place of Business:		
PO BOX 10 HATTIESB	6749 BURG, MS 39	9404		100 SIMS ROAD HATTIESBURG, MS 39401		
Current M	ailing Addre	ess:	New N	New Mailing Address:		
PO BOX 10 HATTIESB	6749 BURG, MS 39	9404				
FEI Number: 64-0333731 FEI Number Applied For () FI			FEI Number Not	El Number Not Applicable () Certificate of Status Desired ()		
Name and	Address of	Current Registered Agent:	Name	Name and Address of New Registered Agent:		
1200 S. PII	ORATION SY NE ISLAND F ON, FL 3332	ROAD				
The above in the State	named entity e of Florida.	submits this statement for the	purpose of chang	ing its registere	ed office or registered agent, or both,	
SIGNATUR						
	Electro	nic Signature of Registered A	gent	Date		
Election Car	npaign Financii	ng Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDI"	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title: Name:	SIMS, RAY A 117 MANDALA HATTIESBUR		Title: Name: Address City-St- Title: Name:		FORD DRIVE JRG, MS 39402 (X) Change () Addition	
Address: City-St-Zip:	3 MAGNOLIA HATTIESBUR		Address City-St-	: 4 GRAND E	JRG, MS 39402	
Title: Name: Address: City-St-Zip:	VD (SUTHERLAND 746 OLD RIVE PETAL, MS 3	R ROAD	Title: Name: Address City-St-		() Change () Addition	
Title: Name: Address:	ST (PITTS, STACI 34 HICKORY		Title: Name: Address	s:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: O.L. SIMS, II Ρ 02/22/2007