

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 823331

FILED
Jan 14, 2009
Secretary of State

Entity Name: HIGHLINES CONSTRUCTION COMPANY, INC.

Current Principal Place of Business:

701 BRIDGE CITY AVENUE
WESTWEGO, LA 70094

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 23890
ATTN: TOM KRONENBERGER
HARAHAN, LA 70123 US

New Mailing Address:

P.O. BOX 23890
ATTN: TOM KRONENBERGER
HARAHAN, LA 70183 US

FEI Number: 72-0679822

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: P () Delete
Name: LABORDE, MICHAEL J
Address: 6160 JONATHAM ALARIC AVE
City-St-Zip: GONZALES, LA 70737

Title: ST () Delete
Name: KIHNMANN, VICKI H
Address: 405 LASSALLE DR
City-St-Zip: RIVER RIDGE, LA 70123

Title: DC () Delete
Name: HUGHES, H. DANIEL II
Address: 5801 CITRUS BLVD.
City-St-Zip: HARAHAN, LA 70123 US

Title: ASC () Delete
Name: KRUG, ANDREA
Address: 5003 MT WHITNEY DR
City-St-Zip: MARRERO, LA 70072

Title: CNTR () Delete
Name: CHANOVE, RICHARD E
Address: 4509 CLEARY AVE.
City-St-Zip: METAIRIE, LA 70002

Title: VP () Delete
Name: KRONENBERGER, THOMAS H
Address: 5801 CITRUS BLVD.
City-St-Zip: HARAHAN, LA 70123 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: LABORDE, MICHAEL J
Address: 6160 JONATHAM ALARIC AVE
City-St-Zip: GONZALES, LA 70737

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

Title: P (X) Change () Addition
Name: HUGHES, H. DANIEL II
Address: 5801 CITRUS BLVD.
City-St-Zip: HARAHAN, LA 70123 US

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: THOMAS H. KRONENBERGER

VP

01/14/2009

Electronic Signature of Signing Officer or Director

Date