## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 833438** 

Title:

Name:

Address:

City-St-Zip:

Entity Name: FRU-CON CONSTRUCTION CORPORATION

FILED Apr 21, 2009 Secretary of State

•						
Current Principal Place of Business:				New Principal Place of Business:		
15933 CLAYTON RD BALLWIN, MO 63011				4310 PRINCE WILLIAM PARKWAY SUITE 200 WOODBRIDGE, VA 22192		
Current Mailing Address:				New Mailing Address:		
15933 CLAYTON RD BALLWIN, MO 63011				4310 PRINCE WILLIAM PARKWAY SUITE 200 WOODBRIDGE, VA 22192		
FEI Number	: 43-0280590	FEI Number Applied For ( )	FEI Nun	nber Not Appl	icable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
1200 S. PI	ORATION SYS NE ISLAND RE ION, FL 33324	).				
	named entity s e of Florida.	submits this statement for the p	ourpose o	f changing i	ts registere	d office or registered agent, or both,
SIGNATU	RE:					
Electronic Signature of Registered Agent				Date		
Election Car	mpaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	MITCHELL, CLE	VILLIAM PKWY., SUITE 200		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	S () SCOTT, JAMES 15933 CLAYTO BALLWIN, MO	N ROAD		Title: Name: Address: City-St-Zip:	4310 PRIN	(X) Change ( ) Addition LF-RAINER CE WILLIAM PARKWAY, SUITE 200 DGE, VA 22192
Title: Name: Address: City-St-Zip:	VD () MEYER, RICHA 15933 CLAYTO BALLWIN, MO	N RD.		Title: Name: Address: City-St-Zip:	4310 PRIN	(X) Change ( ) Addition ILF-RAINER DE WILLIAM PARKWAY, SUITE 200 DGE, VA 22192

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: RALF-RAINER FUCHS CFO 04/21/2009

() Delete

( ) Change (X) Addition

4310 PRINCE WILLIAM PARKWAY, SUITE 200

FISCHER, MICHAEL R

WOODBRIDGE, VA 22192