

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90026 034 ***150.00

DOCUMENT # 837351

1. Entity Name

C.P. BUCKNER STEEL ERECTION, INC.



Principal Place of Business

4732 HWY 54 EAST
GRAHAM, NC 27253-7598 US

Mailing Address

PO BOX 598
GRAHAM, NC 27253-7598 US

40051313



02252007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-0961255

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	AS CEO	<input type="checkbox"/> Delete
NAME	WILLIAMS, EDDIE	
STREET ADDRESS	4732 NC 54 EAST	
CITY-ST-ZIP	GRAHAM, NC	
TITLE	DVP PD	<input type="checkbox"/> Delete
NAME	WILLIAMS, DOUG	
STREET ADDRESS	4732 NC 54 EAST	
CITY-ST-ZIP	GRAHAM, NC	
TITLE	DS	<input type="checkbox"/> Delete
NAME	PATRICIA B. WILLIAMS	
STREET ADDRESS	4732 NC 54 EAST	
CITY-ST-ZIP	GRAHAM, NC	
TITLE	DD	<input type="checkbox"/> Delete
NAME	PATRICIA B. WILLIAMS	
STREET ADDRESS	4732 NC 54 EAST	
CITY-ST-ZIP	GRAHAM, NC	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	TORSIELLO, MICHAEL	
STREET ADDRESS	4732 NC 54 EAST	
CITY-ST-ZIP	GRAHAM, NC 27253	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/28/2007

Date

336-376-8889

Daytime Phone #