## **2008 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT #837419** 1. Entity Name RAST CONSTRUCTION, INC. Principal Place of Business Mailing Address 2901 SHANNON-OXMOOR RD. P.O. BOX 2072 BIRMINGHAM, AL 35201 BIRMINGHAM, AL 35201

**FILED** Mar 14, 2008 08:00 AN Secretary of State



CR2E034 (11/05)

					03102008	No Chg-P
NOT	WRITE	IN	THIS	SPACE	4. FEI Number	

Applied For 63-0707262 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

FOSS, GEORGE B 25 WEST FLAGLER ST. SUITE 501 MIAMI, FL 33130

## DO NOT WRITE IN THIS SPACE

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.										
S/GNATURE										
Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating)  DATE										
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fin     Trust Fund Contribution		\$5.00 May Be Added to Fees						
10.	OFFICERS AND DIREC	CTORS								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GIAMBRONE, CAMELIA D PO BOX 2072 BIRMINHAM, AL 35201				U00000857572 04/01/08-80009-019 150.00					
TITLE NAME STREET ADDRESS CITY+ST-ZIP	DVP RAST, DANIEL B PO BOX 2072 BIRMINGHAM, AL 35201									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RAST, BOBBY J PO BOX 2072 BIRMINGHAM, AL 35201			DO NOT WRITE						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAST, THOMAS E II PO BOX 2072 BIRMINGHAM, AL 35201			IN THIS SPACE						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					,					
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.										

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR