2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 845149

FILED Jan 09, 2008 Secretary of State

Entity Name: W.G. YATES & SONS CONSTRUCTION COMPANY

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	456 AVENUE LPHIA, MS 39350			
urrent N	Mailing Address:	New Mailing Addres	s:	
	456 AVENUE LPHIA, MS 39350			
l Numbei	r: 64-0429766 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
me and	d Address of Current Registered Agent:	Name and Address of	of New Registered Agent:	
00 S. P	PORATION SYSTEM INE ISLAND RD. IION, FL 33324 US			
	e named entity submits this statement for th te of Florida.	e purpose of changing its registere	d office or registered agent, or both,	
NATU				
	Electronic Signature of Registered A	gent	Date	
ction Ca	ampaign Financing Trust Fund Contribution ().			
FICER	S AND DIRECTORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTO	
e: ne: Iress:	C/D () Delete YATES, WILLIAM G JR 304 DOGWOOD PHILADELPHIA, MS 39350	Title: Name: Address:	() Change () Addition	
-St-Zip:	THE RELETION, WE COUCC	City-St-Zip:		
r-St-Zip: e: ne: ress: r-St-Zip:	ST/D () Delete GOSS, ALINDA J 10560 ROAD 547	City-St-Zip: Title: Name: Address: City-St-Zip:	() Change () Addition	
e: ne: ress: -St-Zip: e: ne: ress:	ST/D () Delete GOSS, ALINDA J 10560 ROAD 547 PHILADELPHIA, MS 39350 P/D () Delete YATES, WILLIAM G III 2104 WARD LANE	Title: Name: Address:	() Change () Addition () Change () Addition	
e: ne: ress: -St-Zip: e: ne: ress: -St-Zip: e: ne: ress:	ST/D () Delete GOSS, ALINDA J 10560 ROAD 547 PHILADELPHIA, MS 39350 P/D () Delete YATES, WILLIAM G III 2104 WARD LANE BILOXI, MS 39350 V () Delete NADOLSKI, CHESTER J 2024 ENGLEWOOD DR.	Title: Name: Address: City-St-Zip: Title: Name: Address:		
i: ne: ress:	ST/D () Delete GOSS, ALINDA J 10560 ROAD 547 PHILADELPHIA, MS 39350 P/D () Delete YATES, WILLIAM G III 2104 WARD LANE BILOXI, MS 39350 V () Delete NADOLSKI, CHESTER J 2024 ENGLEWOOD DR. BILOXI, MS 39532 V () Delete CHILDRESS, DONALD R 774 FAIRWAY TRAIL	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	() Change () Addition	

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: ALINDA J. GOSS ST/D 01/09/2008