



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # 849852 1. Entity Name SHANNON, STROBEL & WEAVER CONSTRUCTORS & ENGINEERS, INC.	
---	---

Principal Place of Business 753 E. GLENN AVE. P O BOX 1088 AUBURN, AL 36830	Mailing Address 753 E. GLENN AVE. P O BOX 1088 AUBURN, AL 36830
---	---

DO NOT WRITE IN THIS SPACE



04172007 No Chg-P CR2E034 (11/05)

4. FEI Number 63-0808380	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

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.

SIGNATURE _____ (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

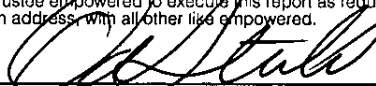
000000723005
05/02/07-80055-005 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHANNON, MICHAEL V 220 CARY DRIVE AUBURN, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEAVER, CHARLES H 267 HILLCREST AUBURN, AL 36830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST STROBEL, DAVID L 2295 LONGWOOD DRIVE AUBURN, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD STROBEL, DAVID 2295 LONGWOOD DR. AUBURN, AL 36830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  **4-17-07** **334-821-0928**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #