


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # 849871 1. Entity Name MID-AMERICA CONSTRUCTION COMPANY	
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Principal Place of Business 5900 POPLAR STE 100 MEMPHIS, TN 38119	Mailing Address 5900 POPLAR STE 100 MEMPHIS, TN 38119
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04042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-0879644	Applied For 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

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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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000295859
 04/09/05-80047-001 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REED, DENNIS 5900 PONLAR AVE, SUITE 100 MEMPHIS, TN 38119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORGAN, HENRY W 6830 MASSEY LANE MEMPHIS, TN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLAIBORNE, CHARLES H. 2465 LACOST AVE. BARTLETT, TN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORGAN, HENRY W 6830 MASSEY LANE MEMPHIS, TN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYLE, J BAYARD JR 570 SHADY GROVE RD. MEMPHIS, TN
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 exemption stated in Section 119.07(3)(i), 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: Charles H. Claiborne Date: 4-06-05 Daytime Phone #: 901-767-0100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR