2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT #849871

1. Entity Name

MID-AMERICA CONSTRUCTION COMPANY



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

Principal Place of Business

5900 POPLAR

STE 100

MEMPHIS, TN 38119

Mailing Address

5900 POPLAR

STE 100

MEMPHIS, TN 38119



04042005

No Chg-P

CR2E034 (10/03)

4. FEI Number 62-0879644

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

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.

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

(NOTE: Registered Agent signature required when reinstating)

TAC

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

U000002958**5**9

04/09/05-80047-001 150.00

Alter May 1, 2003 Fee Will be \$330,000				
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. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida 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:

NAME OF SIGNING OFFICER OR DIRECTOR

-06-05