

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 856962

FILED
Jan 14, 2009
Secretary of State

Entity Name: CHARLES N. WHITE CONSTRUCTION COMPANY

Current Principal Place of Business:

613 CRESCENT CIRCLE
SUITE 101
RIDGELAND, MS 39157 US

New Principal Place of Business:

Current Mailing Address:

613 CRESCENT CIRCLE
SUITE 101
RIDGELAND, MS 39157 US

New Mailing Address:

FEI Number: 64-0524151 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S.PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: WHITE, CHARLES N SR
Address: 613 CRESCENT CIRCLE, SUITE 101
City-St-Zip: RIDGELAND, MS 39157

Title: CD () Delete
Name: WHITE, CHARLES N JR
Address: 2705 BEE CAVE ROAD, SUITE 250
City-St-Zip: AUSTIN, TX 78746

Title: S () Delete
Name: NOE, GAIL M
Address: 613 CRESCENT CIRCLE, SUITE 101
City-St-Zip: RIDGELAND, MS 39157

Title: PD () Delete
Name: WHITE, GUY H
Address: 613 CRESCENT CIRCLE, SUITE 101
City-St-Zip: RIDGELAND, MS 39157

Title: VPT () Delete
Name: HOLLIMAN, DAVID
Address: 613 CRESCENT CIRCLE, SUITE 101
City-St-Zip: RIDGELAND, MS 39157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CEOD (X) Change () Addition
Name: WHITE, CHARLES N JR
Address: 2705 BEE CAVE ROAD, SUITE 250
City-St-Zip: AUSTIN, TX 78746

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GAIL M. NOE

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01/14/2009

Electronic Signature of Signing Officer or Director

Date