2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # F00000000421

1. Entity Name

H. H. JORDAN CONSTRUCTION COMPANY, INC.



FILED Apr 12, 2007 08:00 A Secretary of State

Principal Place of Business

SIGNATURE:

3221 ANTON ST

MOBILE, AL 36618 US

Mailing Address

PO BOX 13456

EIGHT MILE, AL 36663 US

04102007

No Chg-P

CR2E034 (11/05)

4. FEI Number 63-1113571 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Daytime Phone #

6. Name and Address of Current Registered Agent

PENSACOLA TESTING LABORATORIES, INC. 217 EAST BRENT LANE PENSACOLA FL 32503

DO NOT WRITE IN THIS SPACE

FERONOODA, FE 32303				IN T	THIS SPACE
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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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered			i Agent signature (required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO GATES, ROBERT K ROBERTS LANE SEMMES, AL 36575				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JORDAN, STEPHEN P 20 GRADY DR. SARALAND, AL 36571		i saria		000000701849 04/20/07-80075-006 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JORDAN, DONALD R 2295 LAURA DRIVE SEMMES, AL 36575			in the second second	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				N.	THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	. ,				
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.					

NAME OF BIGNING OFFICER OR DIRECTOR