## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## Jan 11, 2008 08:00 Al **DOCUMENT # F00000000421 Secretary of State** 1. Entity Name H. H. JORDAN CONSTRUCTION COMPANY, INC. Principal Place of Business Mailing Address 3221 ANTON ST PO BOX 13456 MOBILE, AL 36618 EIGHT MILE, AL 36663 US DO NOT WRITE IN THIS SPACE 01092008 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 63-1113571 Not Applicable \$8.75 Additional 5. Certificate of Status Desired The same of the sa 6. Name and Address of Current Registered Agent Secretaria de la constantina del constantina de la constantina de la constantina de la constantina del constantina de la constantina de la constantina de la constantina del constantina del constantina de la constantina del constantina PENSACOLA TESTING LABORATORIES, INC. DO NOT WRITE 217 EAST BRENT LANE IN THIS SPACE PENSACOLA, FL 32503 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PCEO** TITLE NAME GATES, ROBERT K STREET ADDRESS **ROBERTS LANE** City-St-ZIP SEMMES, AL 36575 TITLE NAME JORDAN, STEPHEN P STREET ADDRESS 20 GRADY DR. CITY-ST-7IP SARALAND, AL 36571 TETN F JORDAN, DONALD R NAME DO NOT WRITE 2295 LAURA DRIVE STREET ADDRESS CITY-ST-ZIP **SEMMES, AL 36575** IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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

G OFFICER OR DIRECTOR

**FILED**