## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 19, 2007 08:00 AM Secretary of State DOCUMENT # F00000001111 1. Entity Name S&B CONSTRUCTION COMPANY SOUTHEAST, INC. Principal Place of Business Mailing Address 201 NORTH ILLINOIS STREET, 23RD FLOOR 201 NORTH ILLINOIS STREET, 23RD FLOOR INDIANAPOLIS, IN 46204 INDIANAPOLIS, IN 46204 02282007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 35-1802719 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS the state of the s The state of the s TITLE Alman " COOPER, WILLIAM E NAME 201 NORTH ILLINOIS STREET, 23RD FLOOR STREET ADDRESS CITY-ST-ZIP INDIANAPOLIS, IN 46204 STCD TITLE BROADBENT, GEORGE P NAME STREET ADDRESS 201 NORTH ILLINOIS STREET, 23RD FLOOR - £93 1593 🕖 CITY-ST-ZIP INDIANAPOLIS, IN 46204 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 redervier 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 chapter 607, or on an attachment with an address, with all other like empowered.

SIGNATURE: W

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/2007 317-237-2900

**FILED**