

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001398

FILED
Jan 12, 2006
Secretary of State

Entity Name: WACO CONSTRUCTION COMPANY, INC.

Current Principal Place of Business:

26378 HWY 8 EAST
GRENADA, MS 38901

New Principal Place of Business:

Current Mailing Address:

PO BOX 640
GRENADA, MS 38902

New Mailing Address:

FEI Number: 64-0657594

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: PVC () Delete
Name: GRUBB, KARL H
Address: 67 DARLENE COVE
City-St-Zip: GRENADA, MS 38901

Title: V () Delete
Name: BRIDGES, JOEL S
Address: 258 RUBY ROAD
City-St-Zip: GORE SPRINGS, MS 38929

Title: ST () Delete
Name: THOMAS, SUZANNE L
Address: 1320 WHIPPOORWILL COVE
City-St-Zip: GRENADA, MS 38901

Title: C () Delete
Name: ROBERTS, C. WAYNE
Address: 23 NORTHWOOD DRIVE
City-St-Zip: GRENADA, MS 38901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: BRIDGES, JOEL S
Address: 289 AMANDA ROAD
City-St-Zip: GRENADA, MS 38901

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 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: SUZANNE L. THOMAS

ST

01/12/2006

Electronic Signature of Signing Officer or Director

Date