

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001398

FILED  
Jan 12, 2007  
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: 289 AMANDA ROAD  
City-St-Zip: GRENADA, MS 38901

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: PVC (X) Change ( ) Addition  
Name: GRUBB, KARL H  
Address: 65 DARLENE COVE  
City-St-Zip: GRENADA, MS 38901

Title: V (X) Change ( ) Addition  
Name: BRIDGES, JOEL S  
Address: 5 PINE COVE  
City-St-Zip: GRENADA, MS 38901

Title: ST (X) Change ( ) Addition  
Name: THOMAS, SUZANNE L  
Address: 167 SOUTH GLENBROOK DRIVE  
City-St-Zip: GRENADA, MS 38901

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

01/12/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date