

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001755

Entity Name: FNF CONSTRUCTION, INC.

FILED
Apr 13, 2007
Secretary of State

Current Principal Place of Business:

115 SOUTH 48TH STREET
TEMPE, AZ 85281

New Principal Place of Business:

Current Mailing Address:

115 S 48TH STREET
TEMPE, AZ 85281

New Mailing Address:

FEI Number: 86-0474623

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: DCOB () Delete
Name: CRAWFORD, RICHARD
Address: 3300 IMMOKALEE RD. STE #5
City-St-Zip: NAPLES, FL 34110

Title: PCEO () Delete
Name: BILLINGS, JED S
Address: 115 S. 48TH ST
City-St-Zip: TEMPE, AZ 85281

Title: DSVP () Delete
Name: GULLY, MATTHEW W
Address: 115 S. 48TH ST
City-St-Zip: TEMPE, AZ 85281

Title: DVP () Delete
Name: GARRISON, WILLIAM B
Address: 115 S. 48TH ST
City-St-Zip: TEMPE, AZ 85281

Title: VP () Delete
Name: BILLINGS, THOMAS N
Address: 115 S. 48TH ST
City-St-Zip: TEMPE, AZ 85281

Title: ST () Delete
Name: HUGHES, DOUGLAS A
Address: 115 S. 48TH ST
City-St-Zip: TEMPE, AZ 85281

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DSP (X) Change () Addition
Name: GULLY, MATTHEW W
Address: 115 S. 48TH ST
City-St-Zip: TEMPE, AZ 85281

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

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

Title: ST (X) Change () Addition
Name: JAMES, DAVID
Address: 115 S. 48TH ST
City-St-Zip: TEMPE, AZ 85281

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: DAVID JAMES

ST

04/13/2007

Electronic Signature of Signing Officer or Director

Date