

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # F07000002712

1. Entity Name
RUSSELL CONSTRUCTION CO., INC. OF IOWA



Principal Place of Business

Mailing Address

**4600 E. 53RD STREET
DAVENPORT, IA 52807**

**4600 E. 53RD STREET
DAVENPORT, IA 52807**



02062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

42-1205629

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD., STE. 101
TALLAHASSEE, FL 32301-2960**

**DO NOT WRITE
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 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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCEO
RUSSELL, JAMES V.
4600 E. 53RD STREET
DAVENPORT, IA 52807**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCS
MIROCHA, KATHRYN
4600 E. 53RD STREET
DAVENPORT, IA 52807**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SIMMONS, JIM
1840 NW 18 ST., STE. 100
CLIVE, IA 50325**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MOON, WILL
515 STERLING DR.
WALCOTT, IA 52773**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVP
FENNELLY, THOMAS R.
4600 E. 53RD STREET
DAVENPORT, IA 52807**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000822390
02/19/08-80064-023 150.00

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IN THIS SPACE**

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

SIGNATURE:

Kathryn M. Mirocha

Kathryn M. Mirocha

2-5-08 459-4600

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