2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# F08000004240

Entity Name: QUINN CONTRACTING, INC. OF MISSISSIPPI

Current Principal Place of Business:

24590 HWY. 370 WEST
FALKNER, MS 38629

New Principal Place of Business:

Current Mailing Address:

24590 HWY. 370 WEST
FALKNER, MS 38629

New Mailing Address:

FEI Number: 64-0807585 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH CT. NORTH
LOXAHATCHEE, FL 33470 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: CP ( ) Delete
Name: QUINN, JANET
Address: 24590 HWY. 370 WEST
City-St-Zip: FALKNER, MS 38629

Title: VCST ( ) Delete
Name: QUINN, DAVID F II
Address: 24590 HWY. 370 WEST
City-St-Zip: FALKNER, MS 38629

Title: DV ( ) Delete
Name: QUINN, DAVID F III
Address: 351 CR 309
City-St-Zip: FALKNER, MS 38629

Title: D ( ) Delete
Name: QUINN, MELINDA
Address: 351 CR 309
City-St-Zip: FALKNER, MS 38629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: JANET QUINN PRES 02/25/2009

Electronic Signature of Signing Officer or Director — Date