
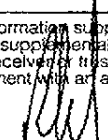


FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000006337						Feb 13, 2004 08:00 AM		Secretary of State			
1. Entity Name ADVANCE CONSTRUCTION SERVICES, INC. OF ALABAMA											
Principal Place of Business PO BOX 1452 BREWTON AL 36426				Mailing Address PO BOX 1452 BREWTON AL 36426							
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.							
City & State				City & State							
Zip		Country		Zip		Country		4. FEI Number 63-1069207		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
								5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
NAJOR, ROBERT D 17292 PERDIDO KEY DRIVE PENSACOLA FL 32507						Name					
						Street Address (P.O. Box Number is Not Acceptable)					
						City FL Zip Code					
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State						9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		P NAJOR, ROBERT D 17292 PERDIDO KEY DRIVE PENSACOLA FL 32507 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000050456 02/16/04-80011-007 158.75			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		V NAJOR, ROBERT L 112 BROOKS BLVD BREWTON AL 36426 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		ST NAJOR, CHERYL S 109 WOODMERE DRIVE BREWTON AL 36426 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 						ROBERT D. NAJOR 2/3/04 (251)867-9972					