2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# F96000005707

Entity Name: B.L. SPILLE CONSTRUCTION, INC.

Current Principal Place of Business:

3140 CRESCENT AVENUE
ERLANGER, KY 41018

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 18697
ERLANGER, KY 41018

New Mailing Address:

P. O. BOX 18697
ERLANGER, KY 41018

FEI Number: 61-0606541 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: TD ( ) Delete
Name: NIEWAHNER, ROBERT L
Address: 424 TIMBERLAKE AVE.
City-St-Zip: ERLANGER, KY 41018

Title: PCD ( ) Delete
Name: HUSER, GEORGE A SR
Address: 1206 ORIOLE CT
City-St-Zip: EDGEWOOD, KY 41017

Title: VSD ( ) Delete
Name: HUSER, GEORGE A JR
Address: 3496 MEADOWLARK DR
City-St-Zip: EDGEWOOD, KY 41017

Title: D ( ) Delete
Name: SMILEY, R
Address: 3422 MEADOWLARK DR
City-St-Zip: EDGEWOOD, KY 41018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TRSR (X) Change ( ) Addition
Name: HASKINS, GARY J
Address: 3140 CRESCENT AVENUE
City-St-Zip: ERLANGER, KY 41018

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: GARY J. HASKINS TRSR 03/24/2009

Electronic Signature of Signing Officer or Director — Date