2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2009
Secretary of State

DOCUMENT# F97000005525

Entity Name: JACKSON EXCAVATING & LEASING CO., INC.

Current Principal Place of Business:

1059 DAINEY DR
RAYMOND, MS 39154

New Principal Place of Business:

1059 DEVINEY DRIVE
RAYMOND, MS 39154

Current Mailing Address:

1059 DAINEY DR
RAYMOND, MS 39154

New Mailing Address:

1059 DEVINEY DRIVE
RAYMOND, MS 39154

FEI Number: 64-0599352 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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: PD ( ) Delete
Name: DEVINEY, WILLIAM C JR.
Address: SPRINGRIDGE RD.
City-St-Zip: JACKSON, MS 39209

Title: DV ( ) Delete
Name: DEVINEY, ROBERT B
Address: SPRINGRIDGE RD.
City-St-Zip: JACKSON, MS 39209

Title: VDS ( ) Delete
Name: BLACK, RICHARD
Address: SPRINGRIDGE RD.
City-St-Zip: JACKSON, MS 39212

Title: T ( ) Delete
Name: LOMAX, DANA D
Address: SPRING RIDGE RD
City-St-Zip: JACKSON, MS 39212

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: DEVINEY, WILLIAM C JR.
Address: SPRINGRIDGE RD.
City-St-Zip: JACKSON, MS 39209

Title: PD (X) Change ( ) Addition
Name: DEVINEY, ROBERT B
Address: SPRINGRIDGE RD.
City-St-Zip: JACKSON, MS 39209

Title: SD (X) Change ( ) Addition
Name: BLACK, RICHARD
Address: SPRINGRIDGE RD.
City-St-Zip: JACKSON, MS 39212

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

Title: V ( ) Change (X) Addition
Name: CLEGG, BRIAN VP
Address: SPRINGRIDGE RD
City-St-Zip: JACKSON, MS 39212

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: DANA D LOMAX T 02/02/2009

Electronic Signature of Signing Officer or Director — Date