2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2009
Secretary of State

DOCUMENT# F97000005538

Entity Name: DEVINEY CONSTRUCTION COMPANY, INC.

Current Principal Place of Business:

P.O. BOX 6717
JACKSON, MS 392826717

New Principal Place of Business:

1059 DEVINEY DRIVE
RAYMOND, MS 39154

Current Mailing Address:

P.O. BOX 6717
JACKSON, MS 392826717

New Mailing Address:

FEI Number: 64-0758906 **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: PTD ( ) Delete
Name: BLACK, RICHARD
Address: 1023 DERINEY DRIVE
City-St-Zip: JACKSON, MS 39212

Title: V ( ) Delete
Name: SIMS, DAVID
Address: 3100 F AVE
City-St-Zip: GULFPORT, MS 39507

Title: ST ( ) Delete
Name: LOMAX, DANA D
Address: 1023 DEVINEY DRIVE
City-St-Zip: JACKSON, MS 39212

Title: D ( ) Delete
Name: DEVINEY, W.C. JR.
Address: 1023 DEVINEY DR.
City-St-Zip: JACKSON, MS 39212

Title: D ( ) Delete
Name: DEVINEY, R.B.
Address: 1026 DEVINEY DR.
City-St-Zip: JACKSON, MS 39212

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BLACK, RICHARD
Address: 1023 DEVINEY DRIVE
City-St-Zip: JACKSON, MS 39212

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

Title: STD (X) Change ( ) Addition
Name: LOMAX, DANA D
Address: 1023 DEVINEY DRIVE
City-St-Zip: JACKSON, MS 39212

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: DANA D LOMAX ST 02/02/2009

Electronic Signature of Signing Officer or Director — Date