

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003746

FILED
Mar 26, 2009
Secretary of State

Entity Name: CONTRACTOR SERVICES CORP. MISSISSIPPI

Current Principal Place of Business:

11400 REICHOLD RD.
GULFPORT, MS 39503

New Principal Place of Business:

Current Mailing Address:

11400 REICHOLD RD.
GULFPORT, MS 39503

New Mailing Address:

FEI Number: 64-0894329

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: P () Delete
Name: ANDERSON, ROY III
Address: 11400 REICHOLD RD.
City-St-Zip: GULFPORT, MS 39503

Title: S () Delete
Name: ANDERSON, ROY JR.
Address: 11400 REICHOLD RD.
City-St-Zip: GULFPORT, MS 39503

Title: VP () Delete
Name: WHITE, DAVID
Address: 11400 REICHOLD ROAD
City-St-Zip: GULFPORT, MS 39503

Title: T (X) Delete
Name: VOLLENWEIDER, ROBERT
Address: 11400 REICHOLD ROAD
City-St-Zip: GULFPORT, MS 39503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: VOLLENWEIDER, ROBERT
Address: 11400 REICHOLD ROAD
City-St-Zip: GULFPORT, MS 39503

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: ROBERT VOLLENWEIDER

T

03/26/2009

Electronic Signature of Signing Officer or Director

Date