## 2008 FOR PROFIT-CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

ARNOAL REPORT				-	0.002	C , _ ,	COA
1. Entity Nam	MENT # G32957 CONSTRUCTION CO., INC.					Secreta	ry of St
P O BOX 630	. St., Valparaiso, fl 32580	Mailing Address P O BOX 630 NICEVILLE, FL 32588-0630 U	S				1811 <b>8</b> 013 <b>88</b> 1 (1 <b>168</b>
*							
	O NOT WOITE	N THE CDA		01082008	No Chg-P	CR2E034 (11	I/05)
ע	O NOT WRITE I	N I HIS SPA	<b>,</b> ⊏ .	4. FEI Numbe 59-227			Applied For Not Applicable
	,		•	5. Certificate	of Status Desired		5 Additional equired
	6. Name and Address of Current Reg	istered Agent	1	, ,			
SMITH, BF 143 MENZ VALPARAI			•	_	NOT W		•
	*		•			·	
the obligati	named entity submits this statement for the ions of registered agent.	purpose of changing its registere	d office or register	red agent, or bot	h, in the State of Flo	rida. I am familia	with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent sig			l Agent signature require	d when reinstating)		DATE	
		Election Campaign Finan     Trust Fund Contribution.		.00 May Be U00000780813 01/15/08-80009-009 150.00			
10.	OFFICERS AND DIR	ECTORS					
NAME STREET ADDRESS CITY-ST-ZIP	PVS SMITH, BRENT 143 MENZEL ST VALPARAISO, FL 32580						
TITLE NAME STREET ADDRESS			ŕ				
CITY-ST-ZIP TITLE NAME				4 ,		•	
STREET ADDRESS CITY-ST-ZIP	ST-ZP			DO NOT WRITE IN THIS SPACE			
NAME STREET AUDRESS CITY-ST-ZIP				, , , <del>, , , , , , , , , , , , , , , , </del>		<del>-</del>	
TITLE HAME STREET ADDRESS	; ;						
TITLE: 3 4 5	5 7498 7 7498						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 🛁

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/08 850-897-260)