

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K40214

FILED
Jan 15, 2009
Secretary of State

Entity Name: CALLAWAY CONTRACTING, INC.

Current Principal Place of Business:

10950 NEW BERLIN RD
JACKSONVILLE, FL 32226 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 11435
JACKSONVILLE, FL 322391435 US

New Mailing Address:

FEI Number: 59-2913720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CALLAWAY, PATRICK S.
10950 NEW BERLIN RD
JACKSONVILLE, FL 32226 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: VP () Delete
Name: HAYES, LACY W
Address: 10950 NEW BERLIN RD
City-St-Zip: JACKSONVILLE, FL 32226

Title: VP () Delete
Name: HINSON, J. DAVID
Address: 10950 NEW BERLIN RD
City-St-Zip: JACKSONVILLE, FL 32226

Title: ST () Delete
Name: CALLAWAY, MARGARET
Address: 10950 NEW BERLIN RD
City-St-Zip: JACKSONVILLE, FL 32226

Title: P () Delete
Name: CALLAWAY, PATRICK
Address: 10950 NEW BERLIN RD
City-St-Zip: JACKSONVILLE, FL 32226

Title: VP () Delete
Name: CALLAWAY, JAMES P
Address: 10950 NEW BERLIN RD.
City-St-Zip: JACKSONVILLE, FL 32226

Title: AS () Delete
Name: HINSON, KATHLEEN
Address: 10950 NEW BERLIN RD.
City-St-Zip: JACKSONVILLE, FL 32226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: PATRICK S. CALLAWAY

PRES

01/15/2009

Electronic Signature of Signing Officer or Director

Date