

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006690

Entity Name: MORSEY CONSTRUCTORS, LLC

FILED  
Jan 19, 2009  
Secretary of State

## Current Principal Place of Business:

959 DR. SMITH LN  
CALVERT CITY, KY 42029

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 558  
CALVERT CITY, KY 42029

## New Mailing Address:

FEI Number: 20-5544676

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

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: HARPER, BILLY  
Address: 960 H.C. MATHIS DRIVE  
City-St-Zip: PADUCAH, KY 42001

Title: MGRM ( ) Delete  
Name: SIENER, JASON W  
Address: 959 DR. SMITH LANE  
City-St-Zip: CALVERT CITY, KY 42029

Title: MGRM ( ) Delete  
Name: ROSE, GRETTA G  
Address: 959 DR. SMITH LANE  
City-St-Zip: CALVERT CITY, KY 42029

## ADDITIONS/CHANGES:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GRETTA ROSE

MGR

01/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date