

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P02736

1. Entity Name
CONSTRUCTION ENTERPRISES, INC. OF TENNESSEE



Principal Place of Business
**325 SEABOARD LANE
SUITE 170
FRANKLIN, TN 37067 US**

Mailing Address
**325 SEABOARD LANE
SUITE 170
FRANKLIN, TN 37067 US**

DO NOT WRITE IN THIS SPACE



03262007 No Chg-P CR2E034 (11/05)

4. FEI Number
62-1028383

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO LANDERS, JOHN W 325 SEABOARD LANE, SUITE 170 FRANKLIN, TN 37067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MYERS, GARY A 325 SEABOARD LANE, SUITE 170 NASHVILLE, TN 37211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FORD, THOMAS S 7808 SHADOW BEND DR HUNTSVILLE, AL 35802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SAKICH, JOHN 325 SEABOARD LANE, SUITE 170 FRANKLIN, TN 37067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SHAFER, R SHELBY 325 SEABOARD LANE, SUITE 170 FRANKLIN, TN 37067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000688155

04/10/07-80069-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Thomas S Ford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-2007 6153328880

Date

Daytime Phone #