2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 07, 2008 08:00 AN **DOCUMENT # P03000152378 Secretary of State** COTHRAN CONSTRUCTION, INC. Principal Place of Business Mailing Address 175 SANDY LANE P.O. BOX 71029 PORT ST. JOE, FL 32456 **ALBANY, GA 31078** 03032008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0779518 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COTHRAN, EDGAR C DO NOT WRITE 175 SANDY LANE PORT ST. JOE, FL 32456 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME COTHRAN, EDGAR C U000000850085 175 SANDY LANE STREET ADDRESS 03/21/08-80049-001 150.00 CITY-ST-ZIP PORT ST. JOE, FL 32456 TITLE COTHRAN, EDGAR C NAME STREET ADDRESS 175 SANDY LANE CITY-ST-ZIP PORT ST. JOE, FL 32456 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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

NATURE AND TYPED OF PRINTED NAME OF BIGNINGS FFICER OF DIRECTOR

3-3-08

229-886-1018

FILED