

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03899

FILED  
Mar 22, 2004  
Secretary of State

Entity Name: VOLKERT CONSTRUCTION SERVICES, INC.

## Current Principal Place of Business:

3809 MOFFAT ROAD  
BOX 7434  
MOBILE, AL 36670 US

## New Principal Place of Business:

## Current Mailing Address:

3809 MOFFAT ROAD  
BOX 7434  
MOBILE, AL 36670 US

## New Mailing Address:

FEI Number: 63-0877611      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 S. 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: KING, T. KEITH,  
Address: 3809 MOFFETT ROAD  
City-St-Zip: MOBILE, AL

Title: VPD ( ) Delete  
Name: SUTE, JOHN R.,  
Address: 3809 MOFFETT ROAD  
City-St-Zip: MOBILE, AL

Title: STD ( ) Delete  
Name: HANCKEN, MARGARET C.,  
Address: 3809 MOFFETT ROAD  
City-St-Zip: MOBILE, AL

Title: VPD ( ) Delete  
Name: ZOGHBY, THOMAS A.,  
Address: 3809 MOFFETT ROAD  
City-St-Zip: MOBILE, AL

Title: VP ( ) Delete  
Name: VAUGHN, B. CHAD  
Address: 107 ST FRANCIS STREET  
City-St-Zip: MOBILE, AL 36602

Title: VP ( ) Delete  
Name: EDGE, LARSON D  
Address: 107 ST FRANCIS ST  
City-St-Zip: MOBILE, AL 36602

## 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 for the exemption stated in Section 119.07(3)(i), 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: MARGARET C HANCKEN

STD

03/22/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date