

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03899

FILED
Jan 14, 2008
Secretary of State

Entity Name: VOLKERT CONSTRUCTION SERVICES, INC.

Current Principal Place of Business:

3809 MOFFAT ROAD
MOBILE, AL 36618 US

New Principal Place of Business:

Current Mailing Address:

P O 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 36618

Title: VPD () Delete
Name: ZOGHBY, THOMAS A.,
Address: 3809 MOFFETT ROAD
City-St-Zip: MOBILE, AL 36618

Title: VPD () Delete
Name: ROBERTS, JACK,
Address: 3409 W LEMON ST SUITE ONE
City-St-Zip: TAMPA, FL 33609

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: COBD (X) Change () Addition
Name: KING, T. KEITH,
Address: 3809 MOFFETT ROAD
City-St-Zip: MOBILE, AL

Title: VP (X) Change () Addition
Name: HARE, CLAYTON L VP
Address: 3809 MOFFETT ROAD
City-St-Zip: MOBILE, AL

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: PD () Change (X) Addition
Name: HAND, PERRY A
Address: 3809 MOFFETT RD
City-St-Zip: MOBILE, AL 36618

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: MARGARET C HANCKEN

SEC

01/14/2008

Electronic Signature of Signing Officer or Director

_____ Date