


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P04000005792</b> 1. Entity Name <b>CULVEY CONSTRUCTION, INC.</b>	
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FILED  
2008 APR 30 AM 7:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>140 ANN CIRCLE CRAWFORDVILLE, FL 32327</b>	Mailing Address <b>140 ANN CIRCLE CRAWFORDVILLE, FL 32327</b>
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2. Principal Place of Business - No P.O. Box # <b>10367 Crystalline Ct</b>	3. Mailing Address <b>PO BOX 1043</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04302008 Chg-P CR2E034 (12/06)

City & State <b>Tallahassee FL</b>	City & State <b>Crawfordville FL</b>
Zip <b>32305</b>	Zip <b>32326</b>
Country <b>Leon</b>	Country <b>Wakulla</b>

4. FEI Number <b>47-0887887</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>CULVEY, MICHAEL R 140 ANN CIRCLE CRAWFORDVILLE, FL 32327</b>	Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VD CULVEY, MICHAEL R <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULVEY, MICHAEL R	NAME	
STREET ADDRESS	140 ANN CIRCLE	STREET ADDRESS	
CITY - ST - ZIP	CRAWFORDVILLE, FL 32327	CITY - ST - ZIP	
TITLE	P CULVEY, SABRINA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULVEY, SABRINA	NAME	<b>900127385319</b>
STREET ADDRESS	140 ANN CIRCLE	STREET ADDRESS	<b>04/30/08--01042--010 **150.00</b>
CITY - ST - ZIP	CRAWFORDVILLE, FL 32327	CITY - ST - ZIP	
TITLE	S SCHROEDER, MARK <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHROEDER, MARK	NAME	
STREET ADDRESS	140 ANN CIRCLE	STREET ADDRESS	
CITY - ST - ZIP	CRAWFORDVILLE, FL 32327	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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: *Salvin Culy* 4/30/08 **8505190570**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #