

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000124557

FILED
Apr 09, 2008
Secretary of State

Entity Name: CERTIFIED CONSTRUCTORS' SERVICES, INC.

Current Principal Place of Business:

420 E PINE AVE
CRESTVIEW, FL 32539

New Principal Place of Business:

5330 FAIRFIELD DRIVE
CRESTVIEW, FL 32536

Current Mailing Address:

420 E PINE AVE
CRESTVIEW, FL 32539

New Mailing Address:

5330 FAIRFIELD DRIVE
CRESTVIEW, FL 32536

FEI Number: 34-2013699

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENDERSON, DEBORAH L
420 E PINE AVE
CRESTVIEW, FL 32539 US

Name and Address of New Registered Agent:

HENDERSON, DEBORAH L
5330 FAIRFIELD DRIVE
CRESTVIEW, FL 32536 US

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:

04/09/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: HENDERSON, DEBORAH L
Address: 420 E PINE AVE
City-St-Zip: CRESTVIEW, FL 32539

Title: VP () Delete
Name: HENDERSON, TOMMY W
Address: 420 E PINE AVE
City-St-Zip: CRESTVIEW, FL 32539

Title: VP () Delete
Name: CADENHEAD, CHRIS
Address: 420 E. PINE AVE
City-St-Zip: CRESTVIEW, FL 32539

Title: VP () Delete
Name: GARNER, LARRY
Address: 420 E. PINE AVE
City-St-Zip: CRESTVIEW, FL 32539

Title: VP (X) Delete
Name: OAKES, JOE
Address: 420 E. PINE AVE.
City-St-Zip: CRESTVIEW, FL 32539

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: HENDERSON, DEBORAH L
Address: 5330 FAIRFIELD DRIVE
City-St-Zip: CRESTVIEW, FL 32536

Title: VP (X) Change () Addition
Name: HENDERSON, TOMMY W
Address: 5330 FAIRFIELD DR
City-St-Zip: CRESTVIEW, FL 32536

Title: VP (X) Change () Addition
Name: LARRY, GARNER
Address: 5330 FAIRFIELD DRIVE
City-St-Zip: CRESTVIEW, FL 32536

Title: VP (X) Change () Addition
Name: OAKES, JOE
Address: 5330 FAIRFIELD DRIVE
City-St-Zip: CRESTVIEW, FL 32536

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DEBORAH L. HENDERSON

PT

04/09/2008

Electronic Signature of Signing Officer or Director

Date