

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90039 040 ***150.00

DOCUMENT # P04000143004			
1. Entity Name ALDERMAN & SONS CONSTRUCTION & GRADING SERVICE INC.			
Principal Place of Business 6505 US HIGHWAY 301 N E-8 ELLENTON, FL 34222 US		Mailing Address 6505 US HIGHWAY 301 N E-8 ELLENTON, FL 34222 US	
2. Principal Place of Business - No P.O. Box # 110 JACEE Circle Suite, Apt. #, etc.		3. Mailing Address 110 JACEE Circle Suite, Apt. #, etc.	
City & State CANTON GA Zip 30115 Country		City & State CANTON GA Zip 30115 Country	
4. FEI Number 20-1775457		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALDERMAN, MICHAEL E 6505 US HIGHWAY 301 N E-8 ELLENTON, FL 34222		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES ALDERMAN, MICHAEL E 6505 US HIGHWAY 301 N ELLENTON, FL 34222 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	110 JACEE Circle CANTON GA 30115 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ALDERMAN, MICHAEL S 6505 US HIGHWAY 301 N ELLENTON, FL 34222 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	110 JACEE Circle CANTON GA 30115 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREA ALDERMAN, LUCY B 6505 US HIGHWAY 301 N ELLENTON, FL 34222 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	110 JACEE Circle CANTON GA 30115 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		PRESENT 4-17-08 770-809-4221 Date Daytime Phone #	