

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
May 23, 2007
Secretary of State**

DOCUMENT# P04000171828

Entity Name: CHICAGO SOUTH CONSTRUCTION, INC.

Current Principal Place of Business:

4240 CALEDONIA AVENUE
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

4240 CALEDONIA AVENUE
APOPKA, FL 32712

New Mailing Address:

FEI Number: 20-2058946 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALE, GLENN H
4240 CALEDONIA AVENUE
APOPKA, FL 32712 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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HALE, GLENN H
Address: 4240 CALEDONIA AVENUE
City-St-Zip: APOPKA, FL 32712

Title: DST () Delete
Name: HALE, ELAINE M
Address: 4240 CALEDONIA AVENUE
City-St-Zip: APOPKA, FL 32712

Title: VP () Delete
Name: BEENEY, BRENDA L
Address: 1434 WELCH RIDGE TERRACE
City-St-Zip: APOPKA, FL 32712 US

Title: VP () Delete
Name: BURNETT, ROB
Address: 101 LITTLE WEKIVA COURT
City-St-Zip: LONGWOOD, FL 32779

Title: VP () Delete
Name: MARCHI, GREG
Address: 3903 SWEETEN CREEK ROAD
City-St-Zip: CHAPEL HILL, NC 27514

Title: VP () Delete
Name: STROMWALL, DEAN
Address: 3502 KILMARNOCK DRIVE
City-St-Zip: APOPKA, FL 32712

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: VP (X) Change () Addition
Name: POTARACKE, DION
Address: 7736 RANGE DRIVE
City-St-Zip: ORLANDO, FL 32810

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: GLENN H HALE

DP

05/23/2007

Electronic Signature of Signing Officer or Director

_____ Date