

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07825

FILED
Apr 07, 2009
Secretary of State

Entity Name: SMITH-DOYLE CONTRACTORS, INC.

Current Principal Place of Business:

1635 WYNNE ROAD
CORDOVA, TN 38016 US

New Principal Place of Business:

Current Mailing Address:

1635 WYNNE ROAD
CORDOVA, TN 38016 US

New Mailing Address:

FEI Number: 62-1163031 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE - SUITE 4
WESTON, FL 33331 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: TD () Delete
Name: SMITH, WAYNE L.
Address: 9772 LAUREL HOLLOW LANE WEST
City-St-Zip: GERMANTOWN, TN 38139

Title: VD () Delete
Name: DOYLE, WALLACE LYNN
Address: 8477 E. ASKERSUND COVE
City-St-Zip: MEMPHIS, TN 38018

Title: CTR () Delete
Name: CONDY, WILLIAM J.
Address: 1635 WYNNE RD.
City-St-Zip: CORDOVA, TN 38016 US

Title: VP () Delete
Name: BARRETT, ROBERT A
Address: 155 LAKE POINTE COVE
City-St-Zip: ROSSVILLE, TN 38066

Title: VP () Delete
Name: ROBINSON, JACK F
Address: 3433 BEAVER RUN DR
City-St-Zip: COLLIERVILLE, TN 38017

Title: VP () Delete
Name: SMITH, CARL R
Address: 1401 COLONIAL DR
City-St-Zip: WEST MEMPHIS, AR 72301

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: () 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: WILLIAM CONDY

CTR

04/07/2009

Electronic Signature of Signing Officer or Director

_____ Date