


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P11716		
1. Entity Name CONSTRUCTION SERVICES, INC. OF MISSISSIPPI		
Principal Place of Business 386 HWY 11 & 80 E. MERIDIAN, MS 39302-5737 US		Mailing Address 386 HWY 11 & 80 EAST PO BOX 5737 MERIDIAN, MS 39302-5737 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		U00000637725 03/05/08-80003-001 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TERRY, ROLAND F 5783 LOCKARD LAKE RD MERIDIAN, MS 39302	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SATTERFIELD, ANDREA L 5886 WINDSOR CIRCLE MERIDIAN, MS 39305	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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DO NOT WRITE IN THIS SPACE		
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: <i>Andrea L Satterfield</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2-19-08 6014826148 <small>Date Daytime Phone #</small>