

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 A
Secretary of State

DOCUMENT # P39511

1. Entity Name
JORDAN PILE DRIVING INC.



Principal Place of Business
**301 NORTH WATER STREET
MOBILE, AL 36602**

Mailing Address
**P O DRAWER 3004
MOBILE, AL 36652 US**



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
63-0418498

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH 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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$160.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JORDAN, D.R.
STREET ADDRESS	301 N. WATER STREET
CITY-ST-ZIP	MOBILE, AL 36602
TITLE	VD
NAME	JORDAN, DON JR
STREET ADDRESS	301 N. WATER STREET
CITY-ST-ZIP	MOBILE, AL 36602
TITLE	S
NAME	LYONS, JAMES P.
STREET ADDRESS	301 N. WATER STREET
CITY-ST-ZIP	MOBILE, AL
TITLE	V
NAME	BRENT, ROGERS L
STREET ADDRESS	301 N WATER ST
CITY-ST-ZIP	MOBILE, AL 36602
TITLE	V
NAME	JOHNSON, CURTIS R
STREET ADDRESS	301 NORTH WATER STREET
CITY-ST-ZIP	MOBILE, AL
TITLE	D
NAME	INGE, CLIFTON C.
STREET ADDRESS	51 ST. JOSEPH STREET
CITY-ST-ZIP	MOBILE, AL

**DO NOT WRITE
IN THIS SPACE**

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01/30/08-80034-025 150.00

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

1/23/08 (251)433-6969
Date Daytime Phone #

EXT 125