


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P40860
1. Entity Name
FRIDAY CONSTRUCTION CO., INC.



Principal Place of Business
**1444 W I-65 SERVICE RD S
MOBILE, AL 36693**

Mailing Address
**1444 W I-65 SERVICE RD S
MOBILE, AL 36693**

DO NOT WRITE IN THIS SPACE



04042008 No Chg-P CR2E034 (11/05)

4. FEI Number 63-1030522	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

**C T 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P BELL, C T 1444 W I-65 SERVICE RD S MOBILE, AL 36693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COMMISKEY, MICHAEL 29845 SAINT BASIL STREET DAPHNE, AL 36526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/14/08-80003-014-150700

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]* **MICHAEL COMMISKEY, VP** **4/21/08** **201-646-6767**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #