2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# P94000025928

Entity Name: NAPLES CONSTRUCTION SERVICES, INC.

Current Principal Place of Business:

2320 CREVE COEUR MILL RD
MARYLAND HEIGHTS, MO 630438501

New Principal Place of Business:

Current Mailing Address:

POB 2501
MARYLAND HEIGHTS, MO 630438501

New Mailing Address:

FEI Number: 65-0493549 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

R & A AGENTS,INC.
ATTEN: G. CARSON MCEACHERN
850 PARK SHORE DRIVE, SUITE 300
NAPLES, FL 34103 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:	VCP	( ) Delete
Name:	DUNNE, THOMAS P JR	
Address:	2320 CREVE COEUR MILL RD	
City-St-Zip:	MARYLAND HEIGHTS, MO 63043	
Title:	VP	( ) Delete
Name:	BISH, JASON G	
Address:	2320 CREVE COEUR MILL RD	
City-St-Zip:	MARYLAND HEIGHTS, MO 63043	
Title:	CEO	( ) Delete
Name:	DUNNE, THOMAS P SR	
Address:	2320 CREVE COEUR MILL ROAD	
City-St-Zip:	MARYLAND HEIGHTS, MO 63043	
Title:	T	( ) Delete
Name:	ALEXANDER, WENDY C	
Address:	2320 CREVE COEUR MILL RD	
City-St-Zip:	MARYLAND HEIGHTS, MO 63043	
Title:	VPS	( ) Delete
Name:	BARTA, THOMAS E	
Address:	2320 CREVE COEUR MILL ROAD	
City-St-Zip:	MARYLAND HEIGHTS, MO 63043	
Title:	P	( ) Delete
Name:	HARMAN, MICHAEL D	
Address:	2320 CREVE COEUR MILL ROAD	
City-St-Zip:	MARYLAND HEIGHTS, MO 63043	

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: THOMAS E. BARTA VPS 04/30/2008

Electronic Signature of Signing Officer or Director — Date