2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# P95000050374

Entity Name: WEST CALHOUN CONSTRUCTION CO., INC.

Current Principal Place of Business:

913 GULF BREEZE PARKWAY
SUITE 17
GULF BREEZE, FL 32561 US

New Principal Place of Business:

52 HIGHPOINT DRIVE
GULF BREEZE, FL 32561 US

Current Mailing Address:

913 GULF BREEZE PARKWAY
SUITE 17
GULF BREEZE, FL 32561 US

New Mailing Address:

P.O. BOX 729
GULF BREEZE, FL 32562 US

FEI Number: 59-3323379 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CALHOUN, WEST J
913 GULF BREEZE PARKWAY
SUITE 17
GULF BREEZE, FL 32561 US

Name and Address of New Registered Agent:

CALHOUN, AMY A
52 HIGHPOINT DRIVE
GULF BREEZE, FL 32561 US

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: AMY A. CALHOUN 02/17/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WEST, CALHOUN J
Address: 913 GULF BREEZE PKWY SUITE 17
City-St-Zip: GULF BREEZE, FL 32561

Title: VP ( ) Delete
Name: CALHOUN, AMY A
Address: 913 GULF BREEZE PKWY SUITE 17
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CALHOUN, AMY A
Address: 52 HIGHPOINT DRIVE
City-St-Zip: GULF BREEZE, FL 32561

Title: VP (X) Change ( ) Addition
Name: CALHOUN, WEST J
Address: 52 HIGHPOINT DRIVE
City-St-Zip: GULF BREEZE, FL 32561

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: AMY A. CALHOUN P 02/17/2009
Electronic Signature of Signing Officer or Director Date