


2008 FOR PROFIT CORPORATION ANNUAL REPORT


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

DOCUMENT # P97000038335
 1. Entity Name
OLMEDO CONSTRUCTION, INC.



Principal Place of Business Mailing Address
25024 HOBBS LOOP ARDMORE, AL 35739 **25024 HOBBS LOOP ARDMORE, AL 35739**

DO NOT WRITE IN THIS SPACE



01242008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3459005	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
OLMEDO, PEDRO
7837 CORONET WAY
PENSACOLA, FL 32514

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 re-registering)

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	P
NAME	OLMEDO, ALBERTO
STREET ADDRESS	25024 HOBBS LOOP
CITY-ST-ZIP	ARDMORE, AL 35739
TITLE	VP
NAME	OLMEDO, RODOLFO
STREET ADDRESS	910 SUMMERCHASE DR
CITY-ST-ZIP	HOOVER, AL 35244
TITLE	S
NAME	OLMEDO, GRISELDA
STREET ADDRESS	25024 HOBBS LOOP
CITY-ST-ZIP	ARDMORE, AL 35739
TITLE	T
NAME	OLMEDO, PEDRO
STREET ADDRESS	7837 CORONET WAY
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/30/08-80087-009 150.00

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: Griselda Olmedo Griselda Olmedo **1-24-08 (256) 423-4874**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #