2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000084220

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

PANAMA CITY, FL 32404

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FILED Apr 23, 2007 Secretary of State

Entity Name: BCL CIVIL CONTRACTORS, INC. **Current Principal Place of Business: New Principal Place of Business:** 6608 HWY 22 PANAMA CITY, FL 32404 **Current Mailing Address: New Mailing Address:** P.O. BOX 6210 PANAMA CITY, FL 32404 FEI Number: 59-3534997 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SULLIVAN, BOBBY 6608 HWY 22 PANAMA CITY, FL 32040 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition SULLIVAN, BOBBY SULLIVAN, BOBBY N JR. Name: Name: 13642 SANDY ROAD 113 FLORIDA AVE Address: Address: City-St-Zip: SOUTHPORT, FL 32409 City-St-Zip: LYNN HAVEN, FL 32444 Title: Title: () Delete (X) Change () Addition Name: SULLIVAN, BRYCE Name: SULLIVAN, BRYCE N 13642 SANDY RD. 113 FLORIDA AVE Address: Address: SOUTHPORT, FL 32409 LYNN HAVEN, FL 32444 City-St-Zip: City-St-Zip: Title: Title: VΡ () Delete (X) Change () Addition NIXON, WILLIAM STRICKLAND, ERNEST B Name: Name: 5525 SCENIC DRIVE 5612 THELMA AVE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

VΡ

Title:

Name:

Address:

City-St-Zip:

PANAMA CITY, FL 32404

SULLIVAN, BOBBY D

LYNN HAVEN, FL 32444

113 FLORIDA AVE

() Change (X) Addition

SIGNATURE: BRYCE SULLIVAN C 04/23/2007