

# **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P99000033063

**FILED**  
**Aug 19, 2008**  
**Secretary of State**

**Entity Name:** NELIGAN CONSTRUCTION SERVICES, INC.

**Current Principal Place of Business:**

552 SEAGATE AVE.  
NEPTUNE BEACH, FL 32266

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 49249  
JACKSONVILLE BEACH, FL 32240

**New Mailing Address:**

**FEI Number:** 59-3569690

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NELIGAN, BRIAN  
552 SEAGATE  
NEPTUNE BEACH, FL 32266 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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: NELIGAN, BRIAN D  
Address: 552 SEAGATE AVE  
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: VP ( ) Delete  
Name: EIKENBERRY, GREG S  
Address: 552 SEAGATE AVE.  
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: VP ( ) Delete  
Name: MIX, RONALD K II  
Address: 114 12TH AVE. SOUTH APT#4  
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: VP ( ) Delete  
Name: SHERRER, ADAM D  
Address: 552 SEAGATE AVE  
City-St-Zip: NEPTUNE BEACH, FL 32266

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: CRAWFORD, ANDREW  
Address: 401 NINTH AVE. NORTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

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: BRIAN D. NELIGAN

PRES

08/19/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date