



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 141143		2. Name of Corporation STARNES & OSWALT CONSTRUCTION, INC.			
3. Street Address Principal Business Office 5000 HIGHLANDS PKWY - SUITE 155			City SMYRNA	State GA	Zip 30082
4. Business Phone No. 404-261-3985		5. State of Incorporation GEORGIA			
6. Brief Description of the Character of Business Conducted in Rhode Island COMMERCIAL FIXTURE INSTALLATION					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name C. LEE OSWALT			Vice President Name CHRIS KOCOPI		
Street Address 4125 LOWER HAWTHORNE TRAIL			Street Address 551 WABURN WALK		
City CAIRO	State GA	Zip 39828	City DALLAS	State GA	Zip 30132
Secretary Name C. LEE OSWALT			Treasurer Name CHRIS KOCOPI		
Street Address 4125 LOWER HAWTHORNE TRAIL			Street Address 551 WABURN WALK		
City CAIRO	State GA	Zip 39828	City DALLAS	State GA	Zip 30132
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name C. LEE OSWALT			Director Name CHRIS KOCOPI		
Street Address 4125 LOWER HAWTHORNE TRAIL			Street Address 551 WABURN WALK		
City CAIRO	State GA	Zip 39828	City DALLAS	State GA	Zip 30132
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10,000	COMMON	NO PAR VALUE	300	COMMON	NO PAR VALUE
THIS SECTION MUST BE COMPLETED			THIS SECTION MUST BE COMPLETED		

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED	
File Date	FEB 25 2008
Check No.	30861
By:	
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature: Chris Kocopi Date: 2/19/08
Print or Type Name: Chris Kocopi
Title: V.P.