


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # F04000007334
 1. Entity Name
CONSTRUCTION LABOR SERVICES, INC.



Principal Place of Business 2150 OLD GOVERNMENT ST. MOBILE, AL 36606	Mailing Address 2150 OLD GOVERNMENT ST. MOBILE, AL 36606
--	--

DO NOT WRITE IN THIS SPACE



04032007 No Chg-P CR2E034 (11/05)

4. FEI Number 63-0808108	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
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP BISHOP, DEBORAH 2150 OLD GOVERNMENT ST. MOBILE, AL 36606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BISHOP, GARY 2150 OLD GOVERNMENT ST. MOBILE, AL 36606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000693504
 04/16/07-80043-006 150.00

DO NOT WRITE IN THIS SPACE

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:  4/3/07 (250)473-5511
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #