

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 549460

Entity Name: DOWELS, PINS & SHAFTS, INC.

FILED
Jan 15, 2008
Secretary of State

Current Principal Place of Business:

1975 CALUMET ST.
CLEARWATER, FL 33765 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1135
DUNEDIN, FL 34698 US

New Mailing Address:

FEI Number: 59-1780438 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MICKELSON, THOMAS & ELLEN
1975 CALUMET ST
CLEARWATER, FL 33765 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MICKELSON, THOMAS R,
Address: 2182 PADDOCK CIRCLE
City-St-Zip: DUNEDIN, FL 34698

Title: VP () Delete
Name: MICKELSON, ELLEN F
Address: 2182 PADDOCK CIRCLE
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: MICKELSON, ELLEN F,
Address: 2182 PADDOCK CIRCLE
City-St-Zip: DUNEDIN, FL 34698

Title: T () Delete
Name: HAMMOND, BRIDGET
Address: 4488 BARSDALE DRIVE
City-St-Zip: PALM HARBOR, FL 34685

Title: S () Delete
Name: MICKELSON, KEVIN
Address: 3313 BRIARWOOD LANE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: DIR () Change (X) Addition
Name: MICKELSON, THOMAS R
Address: 2182 PADDOCK CIRCLE
City-St-Zip: DUNEDIN, FL 34698

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: BRIDGET HAMMOND

TRES

01/15/2008

Electronic Signature of Signing Officer or Director

_____ Date