

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000000726

FILED
Jan 16, 2009
Secretary of State

Entity Name: CARBIDE SAW SERVICE, INC.

Current Principal Place of Business:

376 AIRPORT SQUARE
ADEL, GA 316200223

New Principal Place of Business:

Current Mailing Address:

PO BOX 223
ADEL, GA 316200223

New Mailing Address:

FEI Number: 58-1414741

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRICKLAND, ELIZABETH
5904 BLACKTHORN RD
JACKSONVILLE, FL 32244 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: CP () Delete
Name: BALDREE, JERRY F
Address: ARTHUR TILLMAN RD
City-St-Zip: ADEL, GA 31620

Title: VCV () Delete
Name: BALDREE, VENNIE H
Address: ARTHUR TILLMAN RD
City-St-Zip: ADEL, GA 31620

Title: D () Delete
Name: STOREY, STANLEY
Address: RT 2 BOX 521
City-St-Zip: ADEL, GA 31620

Title: SD () Delete
Name: STOREY, MISSY
Address: RT 2 BOX 521
City-St-Zip: ADEL, GA 31620

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:

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: MISSY STOREY

SD

01/16/2009

Electronic Signature of Signing Officer or Director

Date