2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J33390

Entity Name: PENSACOLA SKID & PALLET, INC.

FILED Jan 21, 2009 Secretary of State

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Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
351 BECKS LAKE RD P.O. BOX 81				351 BECKS LAKE RD CANTONMENT, FL 32533 US	
CANTON	MENT, FL 3253	33 US	,		
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	S LAKE RD				
P.O. BOX CANTONI	81 MENT, FL 3253	33 US			
	: 59-2722642	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
8601 PENSACC	BERY, S.A. J SACOLA BLVC DLA, FL 32514 named entity second of the secon	US	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATU		:- O:	k	Dete	
Election Car		ic Signature of Registered Age Trust Fund Contribution ().	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	D () TREXLER, ROE 143 WOODHAV SEABROOK, TX	EN	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DP () TAYLOR, JIMM 2350 COUNTRY PENSACOLA, F	PLACE CIR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVP () ORR, THOMAS 25 LIBERTY RE CANDLER, NC)	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () THRASH, THOM 659 RED CANY BIG PINEY, WY	ON RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title [.]	D ()	Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JIM TAYLOR PRES 01/21/2009

LARGE, HOLLÍS R.,

CLINTON, TN 37716

105 MIKE MILLER LANE

Name:

Address:

City-St-Zip: